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DETROIT MEDICAL JOURNAL

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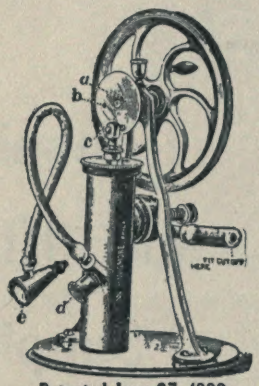

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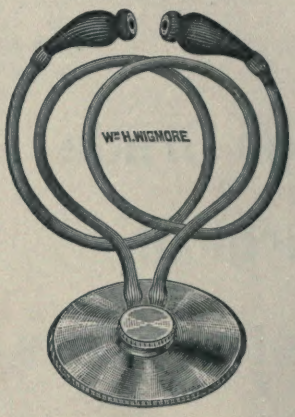

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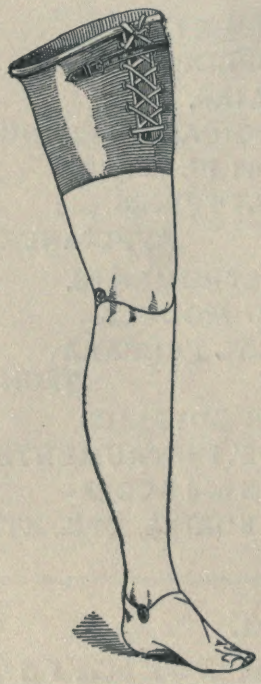

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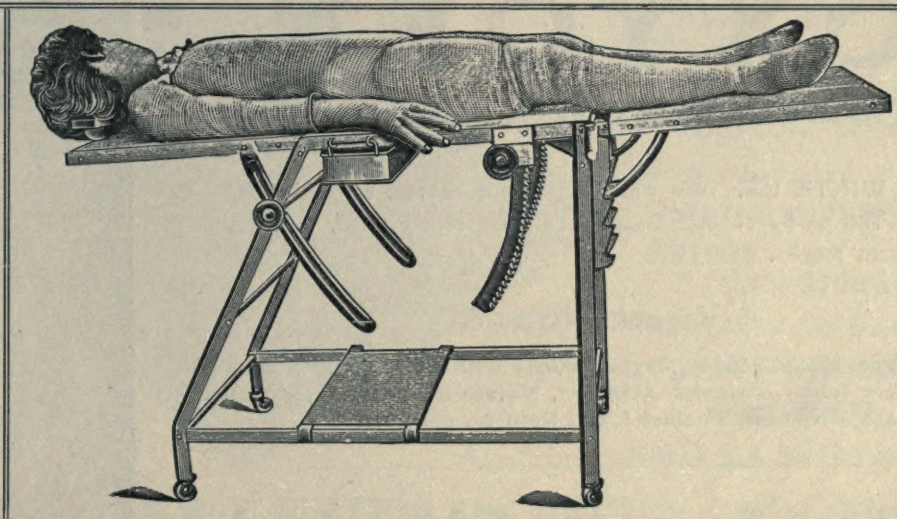

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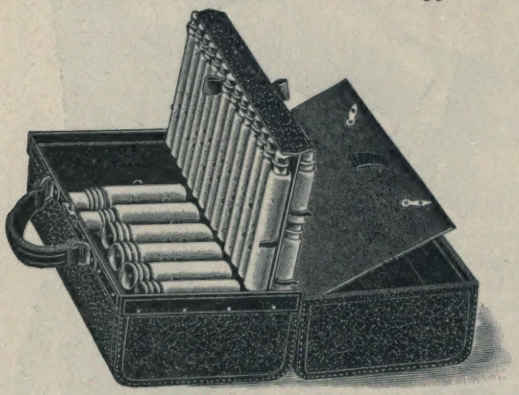

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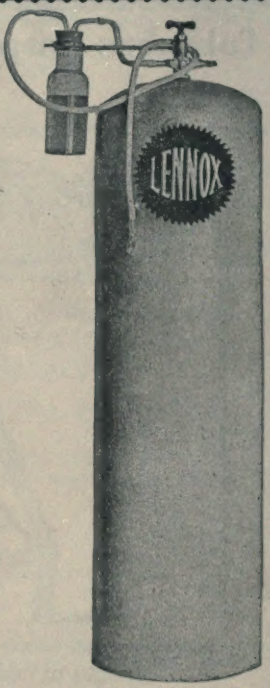

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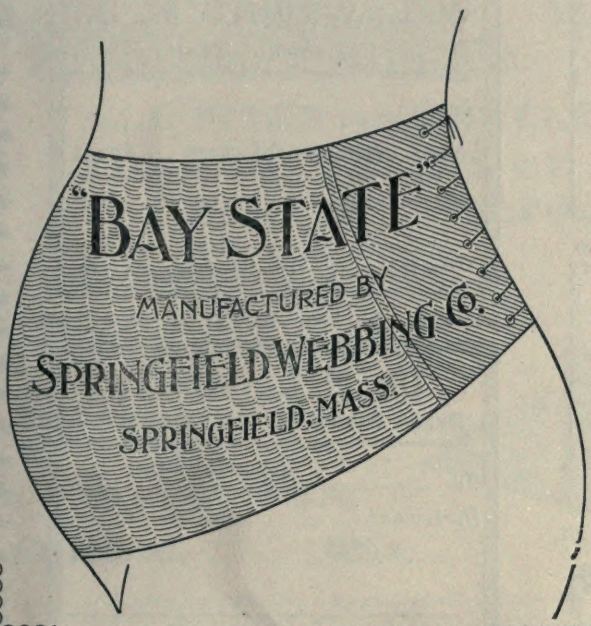

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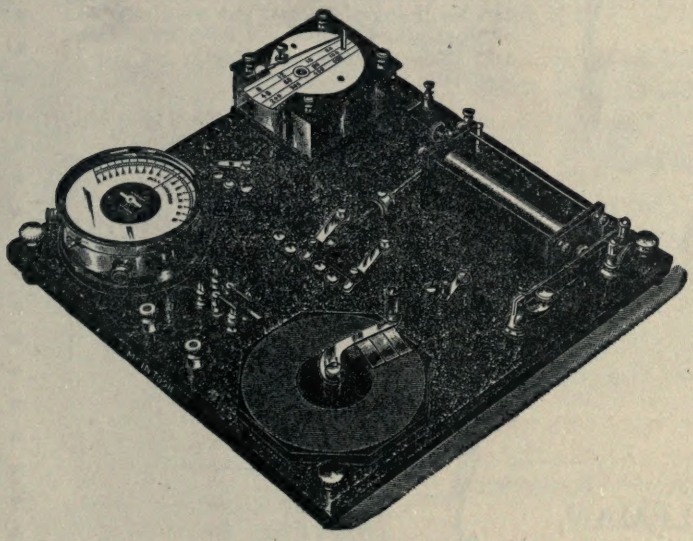

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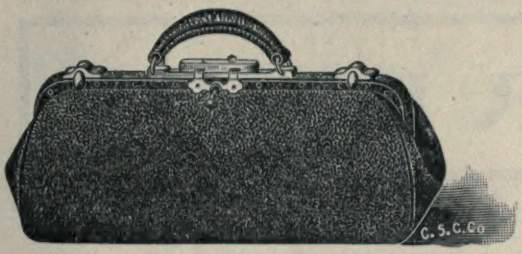

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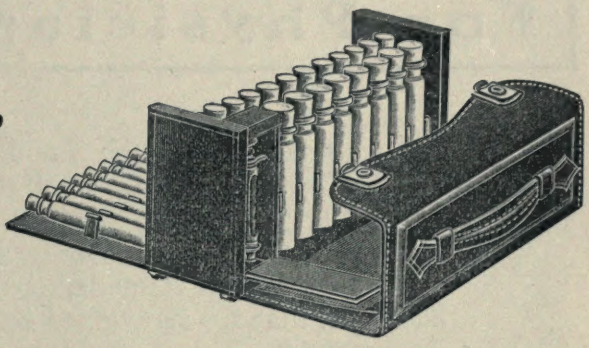

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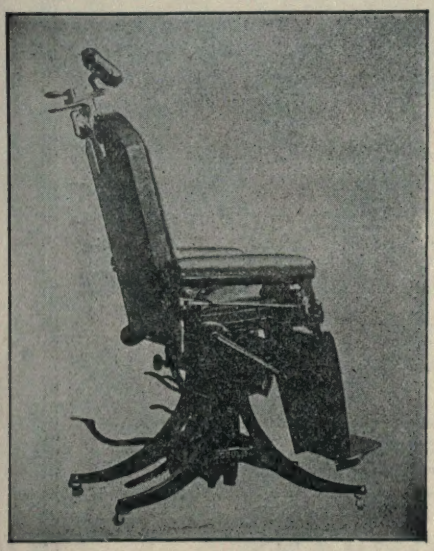

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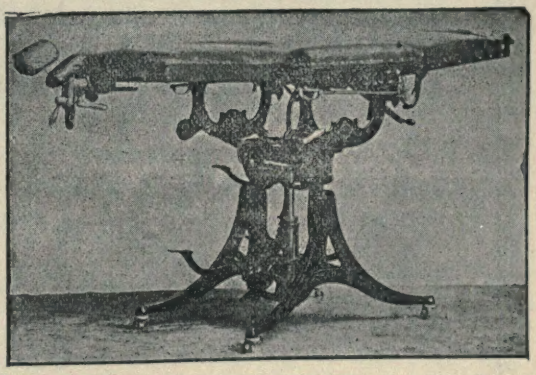

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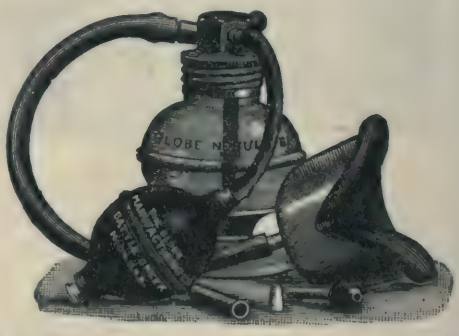

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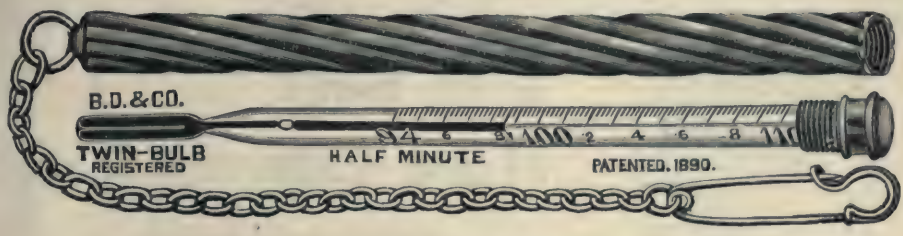

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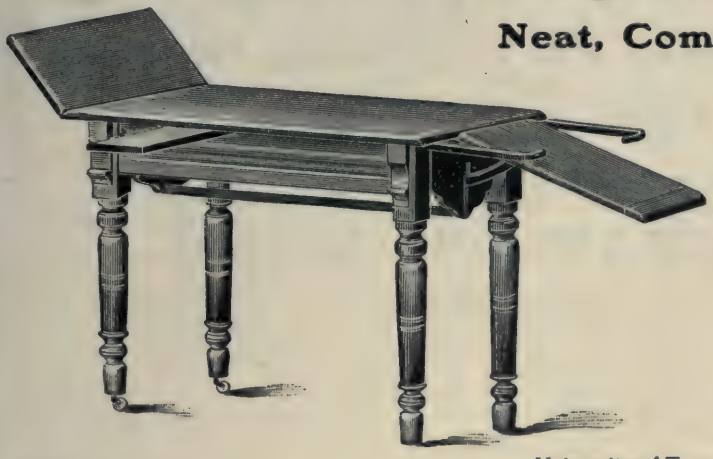

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(Professor of Gynæcology and Diseases of Children.)

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DETROIT MEDICAL JOURNAL.

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DETROIT MEDICAL JOURNAL

Original Articles.

FRACTURES.*

E. B. SMITH, M. D.**

The great strides in the domain of surgery are no way better exemplified than in the management of fractures. To-day, each and every practitioner is securing more accurate diagnoses than of yore, and the treatment is more simple and intelligent; at the same time more modern appliances and new operative measures have materially changed the results. Anæsthesia, antisepsis and the electro-static ray are factors of paramount importance both as regards diagnosis and treatment—especially is that form of electrical illumination, vulgarly denominated "X-Ray" and "Roëntgen ray" (two separate forms that united produce results that are scientifically known as the electro-static ray) available where there is swelling, tenderness, and effusion about a joint, or where subluxation exists with doubt as to the fracture complication, and where there is a possibility of epiphyseal separation.

The first definite treatment prescribed for fracture embraced extension and counter-extension, and when manual assistance and ordinary manipulation were inadequate to place the fractured ends in opposition, the aid of the pulley (single or compound), was invoked, frequently to the detriment of the soft tissues about the lesion, and likewise tending to increase the volume of the shock. Nevertheless, in the old treatises upon fractures are to be found many unique and interesting points. In these, however, the rules laid down as to diagnosis were frequently indefinite: For instance, one author asserts that fractures "will be found where the trauma is seen and where the patient complains of pain:" Another, that fractures are "most frequent during cold weather." Benjamin Bell† remarks:

> The age and habit of the body of the patient, the site of the supposed fracture, the situation of the limb when the injury was received and, lastly, the attending symptoms, etc., must be depended upon for diagnosis. . . . . Bones are more apt to be broken in those places where they are hard and brittle, as in the firmer parts of all the long bones, than toward their extremities, where there is more soft and yielding texture, and than bones that lie deep under cover and protection of muscular parts, as in the thighs. . . . . The grating noise on the parts being handled, and distortion, and loss of power, to a certain extent, in the injured limb, will be found, on a minute examination, to accompany almost every accident of this kind. . . . . Unless the divided parts be

*Read before the Mississippi Valley Medical Society, Put-in-Bay, September 18th, 1901.

**Professor of Principles and Clinical Surgery, Michigan College of Medicine.

†System of Surgery. 1791.

completely separated from each other neither distortion nor crackling will be perceived on handling them; nor will the bone be rendered incapable of sustaining those parts of the body which usually rest on it. In such cases we judge of the probability of a fracture having happened from the violence of the injury, the severity of the symptoms and other circumstances already enumerated.

Louis Stromeyer adds:††

Generally the diagnosis of fractures is not difficult, but may become extremely so in cases where œdema and muscular contractures have entered, or where complications exist. Very often it is not advisable to continue the examination too long. It suffices only to ascertain whether such injuries are present which demand immediate attention and then proceed for the time being as if a fracture actually existed. After the œdema declines the diagnosis becomes easier. Caution regarding the diagnosis of a fracture should be recommended and emphasized, notably in those cases wherein the fragments are so wedged into each other that even the employment of a pulley is not able to separate them. Even without being necessarily wedged in the fragments may happily accomodate themselves to each other so that the most important symptoms will be absent.

Turning now to the work of an American surgeon, William Gibson,‡ we find the following

The signs of fracture are not always very decisive. In general, however, crepitation, or that particular noise or sensation produced by rubbing together the fragments of a broken bone, is more to be relied on than any other, and is an almost certain indication of fracture. Added to this there is usually more or less deformity, pain, swelling and inability to use or move the limb. But these symptoms may attend luxation and other diseases, and are therefore not unequivocal proofs of fracture. Besides, it is possible for a patient actually to labor under fracture of one or more bones, and yet (from interlocking of the fragments, or from a sound bone serving as a splint and supporting the broken one) no distortion be perceived.

A few years before this, two of the most prominent authorities of the period held like views with Gibson, which they promulgated in almost the same words.‡‡ Thus the teachers of that day were drift ing, and in some measure anticipating the theory and practice that obtain un versal recognition at the present hour:

In diagnosing fractures, the followin general rules are pertinent:

A complete history of the case includ ing (when attainable) the manner in whic the injury was received:

An examination of the normal land marks and movements of the parts a fected, not forgetting the position of th long axis of the bone:

A comparison with the opposite bon or side as to position and general con tour,—here resort must be had to mea urements, taking two extreme fixed poin for the purpose, and in impaction this a may reveal the lesion and give exactitud in diagnosis:

Also abnormal movements near the join as well as in the shaft of a long bone, ma be significant:

Finally general palpation with manipul tion and (simply as confirmatory of th diagnosis) crepitus.

The accessories to diagnosis are man and a few are of sufficient prominence warrant specific mention:

Anæsthesia is almost always essenti when the fracture involves a joint or contiguous thereto—it does away wi the element of uncertainty; also it is esse tial in children who are frightened or wi suffer much pain:

In fracture of the surgical neck of th humerus operative measures are not i frequently demanded:

The electro-static ray (Roëntgen ra should be invoked in lesions of the e tremeties where overlapping bone do not intervene between the fractured par

By aid of the latter, coupled with a æsthesia, are readily detected fractures

††Handbook of Surgery: 1844.

‡Institutes and Practice of Surgery: 1827.

‡‡Dorsey. Elements of Surgery: Volu I, page 113: Allan. Principles of Surge Volume II, page 60.

the head of the radius, of the condyles of the humerus, and of the olecranon—all of which, a few years since were grouped under the misleading and unsatisfactory title of "Fractures at the Elbow Joint."

With modern methods it is possible not only to diagnose with certainty an epiphyseal separation of the head of the humerus, but by an operation, under asepsis, to suture the separated fragment in a way to ensure a successful result.

Under the older methods a diagnosis of fracture of the skull depended solely upon the tactile senses—sight and manipulation; but to-day it is quite different, and nowhere is the advance in surgery better exemplified. Now, the attempt is made to secure a complete history of the injury and how and where it was received; the seat of pain and its character; condition of the pupils, facial muscles, etc.; the reflexes; whether respiration is interfered with; the amount of cerebral disturbance; whether or not there is hæmorrhage from the ears, nose or mouth, or discharge of cerebral fluid from the two first named orifices; the existence of sub-conjunctival ecchymosis; and finally the manifestations of hemiplegia.—Any two or more of these may render the diagnosis positive. Again, in head injuries, it is requisite to remember the simulations presented by opium narcosis, sepsis, meningitis, apoplexy, uræmia, and alcoholism.

In extra-dural hæmorrhage, in the majority of cases—there being no complications due to concussion or cerebral laceration,—unconsciousness may develop either in a few hours, a few days, or may be delayed for ten or twelve weeks. In concussion and laceration there may be semi-unconsciousness along with other classical symptoms, but in hæmorrhage there is coma as well as unconsciousness.—Only when considerable in amount, does sanguineous effusion produce evidence of compression.

Again, before the classical symptoms of compression supervene upon fracture, the cranial bone must be considerably depressed. Where compression is acute, the pulse is slow and feeble and the patient restless and delirious. In cases of late compression, paralysis and paresis follow muscular spasm and twitching; then come drowsiness, stupor and death,—and here is a rapid small pulse, frequent, shallow and sighing respiration that rapidly takes on the Cheyne-Stokes type as dissolution approaches.

If there is a fissure fracture of one or more bones of the head, complicated with brain laceration, all the symptoms of severe concussion are in evidence along with immediate and continued unconsciousness. Following the shock is a temperature of 103°, or higher, which renders the diagnosis of larceration positive and precludes mere concussion. Fractures in close proximity to the meningeal artery, or where a fissure of the fracture extends across the artery or any of its branches, demand immediate surgical interference.

The normal elbow has no lateral motion; but a fracture of either condyle may permit of such movement, and also may involve the ulnar nerve through compression of the latter by the separated fragment. Fractures of the humerus into the elbow joint, of the epicondyle, or of the external or inner condyle, require to be treated in the acutely flexed position, which guarantees a minimum of suffering and discomfort; and here, if massage is employed, it should be of the most gentle order and not undertaken until about the thirteenth or fourteenth day.—Note that either massage and passive motion, when provocative of pain, is pernicious in late fractures, especially those about the joints.

In fracture of the olecranon the best treatment appears to be, to extend the arm, and fix it in position by means of a long splint reaching from the axilla to the fingers, the process itself being duly manipulated into a position and held in ap-

position by means of an adhesive strip passing over it and fastened, at its distal end, to the splint some distance below.—Upon the same principle fracture of the patella may be treated. In open operations upon these parts, suturing the fibrous tissue and the periosteum will give equally as good results as suturing the bone *per se.*

In fracture of the neck of the femur, given a definite history of injury, the employment of measurements by means of Nelaton's line, Bryant's triangle, coupled with leg measurements will be amply sufficient to ensure a diagnosis. The reduction of a fracture and the application of the splint is but a small part of the required treatment. For example:—

Fracture of the surgical neck of the femur, in the aged, demands the utmost tact and broadest surgical judgment! Within two or three weeks a hypostatic pneumonia is apt to develop, which requires to be watched for and combated; so, too, as regards restlessness, kidney and skin complications, local inflammation, etc. Ulcers upon the back or heel, appearing unobstrusively, unexpectedly and rapidly, are by no means unusual features. An injury to or about the hip that in childhood would not be followed by adverse symptoms, in old age is likely to induce immediate disability and untold suffering; and it is this class of cases which presents the best opportunities for the employment of ambulatory splints—a form of surgical apparatus primarily devised for the treatment of hip-joint disease, and to permit the sufferer to take necessary exercise in the open air; to-day, however, its possibilities and utility in the management of fractures are recognized by leading surgeons, the world over. Some years since, Thomas devised a splint of this character, with which he scored some success, but which was defective in being too light, and also in that it did not permit of absolute fixation; then followed Fowler, who exhibited his splint at the meeting of the American Surgical Society, at Detroit, but this proved too heavy and cumbersome.—Both these, however, were distinct advances along the right line.

Recently has been invented a pneumatic ambulatory splint with which I have been able to secure most gratifying results*. It affords an unusual degree of comfort, provides for extension and counter extension at parts remote from the seat of injury; is so arranged that any interference with the circulation may be promptly noted and remedied; gives adequate protection as well as fixation and traction; in compound fracture the dressings can be applied or removed antiseptically; and finally, the fact the patient can readily promote strength and health by out-of-doors exercise is not the least of the advantages offered.

Complications may present themselves that demand the utmost surgical skill: Owing to pressure against the tissues prior to reduction of the fracture, sloughing may occur: Whether spiculæ of bone should be removed in a case of compound fracture, the same as in a gun-shot wound, is often a nice point to decide: The great vessel of the limb may be lacerated or involved in a fracture of the thigh so as to induce a traumatic gangrene of so severe and rapidly destructive character as to necessitate immediate amputation: When there is considerable stripping up of the periosteum necrosis is apt to supervene: Fat-embolism, occuring the second or third day after injury, especially where there is considerable laceration of tissues in compound fractures, is often a bugbear which, however, generally yields to mobilization, heat-stimulus, and oxygen if there is threatening asphyxia.

Before closing I desire to remark upon the emoluments that obtain to the treat-

*Made by the Ambulatory Pneumatic Splint Manufacturing Company, Chicago, Illinois.

ment of fractures: There is no branch of surgery in which the fees are so wholly inadequate and disproportionate to the services rendered; even the making of a diagnosis and instituting treatment in the smallest lesion—noting the daily changes, instructing the patient when and how he may attempt the normal functions of the part or parts involved—require a degree of knowledge, skill, and experience that should receive proportionate compensation. A fracture involving a joint, or complicated by a vascular or nerve lesion, calls up all the resources of the surgeon, and the management as a whole taxes the individual as greatly as in any other branch of the surgical art. Surely, if a thousand dollars is a fair fee for performing a nephrectomy, the same amount for services in fracture of the surgical-neck of the femur is not unjust or exhorbitant.—The latter involves greater detail, greater watching over a more protacted period; and the amount of worry and mental strain is immeasurably greater. When it is possible to charge and collect five-thousand dollars for an operation that removes an offending portion of the economy, it seems to me an equal amount should be demanded for preserving to the individual a limb that is of the utmost utility, especially where a compound fracture is involved and conducted to a successful issue.

26 High Street, West,
Detroit, Michigan.

ECTOPOID GESTATION COMPLICATING FIBROIDS.

BY J. MACDONALD.

I have taken the liberty of coining a new word, viz. ectopoid* to define the condition described, since it closely resembled an ectopic gestation.

Avoiding the technicalities pertaining to the early history, I may say, when called to this patient—a small wiry red haired woman,—she presented the following symptoms:

Bloody discharge from the vagina:

Bearing down pains:

The general evidences of a miscarriage in progress:

Examination revealed a large asymetrical mass within the abdomen partly suggestive of fibroids.

Surgical interference was decided upon, despite the fact I was by no means sure of the exact nature of the case; but the character became more and more developed as the operation progressed.

An incision was made from above the umbilicus to the pubis, and the wound kept open by means of a self-retaining retractor, which I found of great service. The fibroids were readily brought into view, drawn up into the wound, the adhesions separated, and the growths finally removed; the largest one was adherent to the appendix. Then, upon further examination, was revealed a two-months fœtus under the peritoneum of the left side of the uterus; also that this latter organ was ruptured sub-peritoneally.

Finally, the uterus and adnexa were removed entirely, the amputation being made with the aid of clamps, and by the V-shaped method, and the peritoneum closed up and satured so as to leave no raw surfaces. Kelly's J-shaped needles were found of the greatest utility in stitching the peritoneum, especially deep down in the pelvis; the appendix was also removed as it was adherent to the tumor. The wound was finally closed, each layer separately. All in all the operation consumed about four hours.

Normal salines were used every six hours. The woman made an uninterrupted recovery, and was able to dispense with the services of a nurse after three weeks.

The operation was performed nearly twenty months since, and the patient for some time was bothered with a form of

*Ec, "add"; *topois*, "place"; *eidos*. "like."

"milk leg," but she is now able to wholly attend to her household duties.

The foregoing case is evidence that had an attempt been made to treat by curetting, the damage accruing would have been incalcuable and probably fatal.

Acton, West,
Ontario.

DIGITALIS.

BY DOCTOR G. ARCHIE STOCKWELL.

(Continued from page 230.)

There is no drug so uniformly and universally abused as digitalis. With the great majority of the medical profession, apparently, its application and pathological range is deemed unlimited. Not only is there an utter lack of uniformity and agreement as to its physiological action, but this is extended even to the conditions in which the medicament is applicable, including likewise the dosage and forms of administration. Notwithstanding accepted theories—many of which are wholly erroneous,—and established facts which are supposed to control its exhibition, the drug still continues to be prescribed in a loose manner for almost every disease of the nosology and, not infrequently, for every symptom pertaining thereto. Little wonder, then, that this abuse results in adverse criticism!

One of the most common of abuses is, the habit of prescribing without advising the patient to abstain from exercise while under its influence.—There are very few practitioners who have not, at sometime, been disappointed in the action of digitalis as the result of the counteracting influence of exercise. All individuals, when taking this drug, should live in perfect physical and mental quietude, or otherwise there is danger of adding to the perils of the disease-conditions demanding its use.—ENGLISH (*Medical and Surgical Reporter*, Philadelphia; Aug. 22d, 1896).

Circulatory Maladies.—Above all digitalis is a heart remedy but, despite the many years it has been before the profession, there is still as much dispute over the class of cases to which it is applicable as over its physiologic action.

If the drug were used more frequently and rationally in acute cardiac affections it would be less often demanded for chronic heart affections. It is not so much adapted to inflammations setting in with violent symptoms, as those approaching insidiously and in a scarcely observable manner, without local pain, but with a rapidly increasing embarassment of respiration. It is an excellent remedy in acute affections, more particularly pericarditis.—BÆHR (Science of Therapeutics; vol. ii).

In pericarditis where the beat of the heart is very frequent and insufficient, causing cyanotic and dropsical symptoms, give digitalis.—AITKEN (Science and Practice of Medicine, London. 1872): NIEMEYER (Text-Book of Practical Medicine, Berlin. 1873).

When the cardiac action is rapid, irregular, inactive or embarassed, the pulse being weak, it calms the heart causing it to act regularly, often relieving unpleasant local sensations while, at the same time the pulse is improved, rendered stronger, fuller and more regular. If it appears to produce irregularity or intermittency with much feebleness of pulse, it should be discontinued.—ROBERTS (Hand-Book of Medicine, London. 1873).

Its best influence is manifested in atonic cases; is a very good agent where there is enfeeblement.—LOCKE (Materia Medica and Therapeutics. 1893).

Is of incalculable service when the heart muscle for any reason is unequal to the task set it; or in simple dilitation or failure of cardiac muscle without valvular lesion. In simple hypertrophy it does harm and should never be used. It often does good in valvular lesion with enlargement. In mitral insufficiency and in mitral stenosos is often of great service. Also useful in aortic constriction; in the irritable heart of soldiers in the early stages, but not after hypertrophy is established; in cardiac dropsy; in large doses in syncope or sudden collapse—from hæmorrhage or other causes.—H. C. WOOD (Principles and Practice of Therapeutics. 1894).

In valvular lesions with very excited heart-action, irregular pulsations, increased apex-beat and dyspnœa; also valvular lesions with weakened heart and resulting dropsy, diminished secretion of urine, dyspnœa, and a rapid, irregular, small and flabby pulse; in nervous palpitations without valvular lesions; in exophthalmic goitre; simple dilatation of heart with venous engorgement; asthmatic difficulty, emphysema, dyspnœa and catarrh; weak heart-action, circulatory disturbances and their consequences occurring independently of valvular

troubles.—In all digitalis is useful.—Roth (Modern Materia Medica, Berlin. 1895).

The routine exhibition is all too common and should be guarded against. True, digitalis prolongs diastole and thus rests the heart, but this good is counterbalanced by the high arterial pressure induced and the consequent straining of valves already weakened by inflammation. It is an irrational faith that leads to prescribing the drug in every case of heart-disease. In endocarditis its administration, along with antirheumatics like potash, is followed by good results.—Chisholm (*Medical Magazine*, London. 1896).

It stimulates and strengthens the weak heart,—and the weaker the cardiac muscle the more safe its administration. In hypertrophy it will reduce the pulse either as to frequency or strength, and in such cases is, consequently, dangerous. By alternating with the strongest stimulants in aortic and mitral insufficiency, it becomes astonishingly efficient; nothing like failure of the heart's action supervenes even after a month or six-weeks of use, and then should such arise, suspension for a few days enables the drug to re-assert itself. In dyspnœa the relief afforded is sometimes most marked. A girl with frightful disease of the mitral orifice was obliged to rest on almost every doorstep, yet digitalis gave such relief she was able to walk with ease. In many cases of mitral regurgitation accompanied by loud and distinct murmer, the later is reduced most decidedly, and in some instances disappears altogether.—William Murray (*Medical Times and Gazette*, London. 1896).

In functional and reflex disorders, digitalis is often administered to steady and quiet the cardiac tumult, but this is flagrant abuse of a good remedy, as it merely goads an already overworked organ. Cardiac arhythmia of myopathic origin—reflex, toxic, or nervous in nature—cannot present a reasonable cause for employing. If it is given in palpitation due to neurotic conditions, there is danger that a curable disorder will be converted into an incurable one. In aortic regurgitation it is sometimes employed in a thoughtless and careless manner, and is here narmful and often dangerous; if the diastole is increased and prolonged the period of regurgitation (and its force) is augmented and the difficulties multiply. It is, moreover, deplorable to employ in conditions of compensation, and many a case of benign hypertrophy has thus been goaded into myocardial weariness and weakness that disabled the organ. In the absence of dropsy and in all cases where the urine is voided freely, there is little if any call for digitalis.—English (*Medical and Surgical Reporter*, Philadelphia. Aug. 22d, 1896).

Most valuable in mitral incompetence.—Epitome of Current Literature (*British Medical Journal;* vol. i. 1900).

Recommended in cardalgias in doses of ten to twenty minims of the tincture three or four times daily, but except as it may alleviate the pain contingent upon the heart malady little can be expected of the drug, and its use is often times reprehensible.

In arteritis it is a powerful auxiliary, assisting to control the morbidly increasing action of heart and circulation but should not be employed to the exclusion of general antiphlogistic measures.

Indicated in deranged conditions of the circulatory system itself, or where an abnormal state of other organs may be improved by changing the circulation in them; and where there is actual failure in the dynamic power of the heart-muscle irrespective of the nature of any primary valvular lesion inducing the hyposystolic condition. Rational use presumes the absence of extensive fatty degeneration or interstitial myocarditis. It is difficult to estimate the integrity of the heart-muscle, and many cases, presumably intolerant to the drug, bear it well.—Butler (Text-Book of Materia Medica, Therapeutics and Pharmacy. 1896).

It is generally said that digitalis is provocative of harm in aortic regurgitation, and useful in obstructive mitral disease, but it is better to rely on symptoms rather than on the nature of the valvular lesion as indications for administration. A rough-and-ready rule, which works well in practice is, that the drug can be given when the pulse is irregular or intermittent and the urine scanty. The freshly-prepared infusion is a better preparation than the tincture.—Murrell (Manual of Materia Medica and Therapeutics, London. 1896).

Try in every mitral case, even pure mitral stenosis. Inefficiency may be due to irregularity arising from fatty degeneration. The indications for use are less conspicuous in aortic disease with insufficient compensation than in pure mitral cases, though in failing heart from aortic disease it may render excellent service. In irritable heart where much hypertrophy exists, the remedy may prove serviceable, and, again, may fail, totally, to afford any relief. It is often valuable in quelling attacks of palpita-

tion. Likewise is useful in fatty heart and arterio-capillary fibrosis inducing hypertrophy of left ventricle.—RINGER and SAINSBURY (Hand-Book of Therapeutics, London. 1897).

Where there is very violent increase of the action of the heart, setting in without fixed order, with irregularity of beats, always of short duration (such as are generally met with in very irritable, nervous individuals) digitalin affords the best treatment. Considering the mischief that is so often done by the abuse of digitalis in large doses, the effect of this drug in hypertrophy is never more than palliative. If cerebral congestion arises as the result of hypertrophy, the remedy often affords relief that is both prompt and efficient. In paroxysm of fatty heart attended with increased action, digitalis is a most reliable agent providing it is given in small doses,—the quantity, however, demands to be proportioned with the utmost care to the reactive power required. The remedy is first choice in diseases of the mitral valves.—BÆHR (Science of Therapeutics; vol. ii).

Angina pectoris, when a pure neurosis, yields readily to minute doses of digitalis frequently repeated, but whether it exerts a favorable action when there is absolute cardiac disease is an open question: Hartmann, however, speaks favorably of it, and bases his recommendation on personal and practical experience.

In aneurysm and atheroma it has been very generally lauded because of its "quieting influence upon the circulation," a claim that is open to some doubt and criticism, if not censure, since increased blood-pressure may, in the former tear open the wall of the sac, and in the latter lead to rupture of cerebral capillaries.

Digitalis, aconite and veratrum are most useful in tranquilizing the action of the heart.—AITKEN (Science and Practice of Medicine, London. 1872).

Recommended to steady and reduce the heart's action.—HOLMES—QUAIN (Dictionary of Medicine; vol. ii; London. 1894).

Aneurysm and decided atheroma of vessels contra-indicate the use of digitalis.—STEVENS (Manual of Therapeutics. 1894).

If there is increased resistance to the circulation and the heart has not sufficient power to meet the same, digitalis may be useful but only when employed with extreme caution.—H. C. WOOD (Principles and Practice of Therapeutics. 1894).

Contra-indicated because it increases intra-arterial pressure.—ROTH (Modern Materia Medica, Berlin. 1895).

The best remedy in aneurysm is digitalis given in increasing doses until the pulse comes down to 50 or 45 beats; it should be continued as long as possible.—CLIFFORD ALLBUTT (Practice of Medicine, London. 1888): FARQUHARSON (Therapeutics and Materia Medica, London. 1889): BUTLER (Text-Book of Materia Medica, Therapeutics and Pharmacy. 1896).

Is contra-indicated in aneurysm and all maladies accompanied by high tension and where there is change in the cardiac muscle, or atheroma of blood-vessels, except for temporary use in emergency.—FOSTER (Practical Therapeutics; vol. i. 1896).

Respiratory Maladies.—Fifty to one hundred hundred years ago the remedy—like pretty nearly everything else at some period of its therapeutic life,—was heralded as an absolute panacea for phthisis pulmonalis; it was even authoritatively asserted that by its aid it is possible to arrest any form of pulmonary inflammation, regardless of ætiology. The drug is now, however, rationally rejected as not being in any sense curative, and only one of many agents that are occasionally useful, as in hæmoptysis. In the latter accident it certainly affords efficient aid, especially when the hæmorrhage arises from obstruction of pulmonary circulation, in turn derived from cardiac disease, or from tubercular infection alone.

Digitalis certainly will reduce the rapid pulse of phthisis, and oftentimes lower the body temperature materially and thus relieve hectic paroxysm, but if employed for these purposes its action demands to be closely watched. The claim that it will check excessive rapidity of the heart's action without in the least weakening its force—that "as a true stimulant it brings the organ down to a slower rate of action at the same time affords it more power to do its work,"—has never been substantiated either clinically or theoretically, and any such manifestation must be taken

cum grano, and if observed, relegated to mere coincidence. The writer has witnessed several most deplorable accidents as the result of this teaching.

The majority of cases of phthisis will yield to simple fox-glove.—Beddoes (Observations on the Management of the Consumptive, London. 1801).

It is possible to arrest pulmonic inflammation with digitalis with as much certainty as an intermittent by means of cinchona.—Mossmann (An Essay on Scrofula and Glandular Consumption).

If given it should be combined with iron.—Waring (Practical Therapeutics, London.1866).

So also digitalis has found a place in the treatment of asthma and dyspnœa, but it must be acknowledged that in uncomplicated forms it is inferior, both as to safety and efficacy, to other medicaments.

In a variety of cases I have sometimes witnessed favorable results from digitaline as long as no catarrh, emphysema or structural change in the heart exists.—Bæhr (Science of Therapeutics; vol. ii).

When dyspnœa is dependent on cardiac disease or upon function-palpitation, it is conceivable that, on special occasions, the drug may afford a measure of relief, but when this result has been obtained, unless there are other indications for its continuance, it should be promptly withdrawn. In spasmodic asthma it is occasionally useful, and a century since was deemed an essential routine remedy.

In Eastern Europe, particularly the Hellenic and Ottoman Peninsulas, and the Levant, fox-glove still maintains an enviable reputation in the management of pulmonary congestions, which, however, does not obtain among more Western civilizations. It is possible of course (as suggested by Huchard), that the plant indigenous to Black-Sea localities possesses peculiarities that warrant the claims advanced, yet this is hardly probable, and they, moreover, are not borne out by the death-rate from pneumonia in these regions, even taking due cognizance of untoward local influences and surroundings. Yet digitalis is distinctively often of value in maintaining the heart-action in the presence of adynamia, and to favor the prompt excretion of waste products by the kidneys. Another fact seldom realized is, that many cases of pneumonia owe their unfortunate termination less to pulmonary congestion *per se,* than to uræmic poisoning,—a fact too frequently lost sight of by reason of attention being fixed upon the initial lesion.

In a case with a temperature of 103° Farh., pulse 140 to 160, and not very rapid respiration, six grains of powdered digitalis were given for three days without appreciable effect; on the fourth day the dose was increased to eleven grains, when the pulse quickly dropped to 80. Even if acceleration of circulation was due to temporary paralysis of the pneumogastric and not the fever, the action of the drug was exactly in line with its physiological attributes, viz., stimulation of the pneumogastric.—Edes (*Boston Medical and Surgical Journal;* vol. xcvii. 1877).

Pneumonia may be cut short by an energetic rational treatment with digitalis, especially if inaugurated at the onset of the disease.—Shimonek (*Medical Age.* May 21st, 1891).

Treatment of first stage by large doses is recommended.—(*Medical Chronicle,* Manchester. May, 1893).

A tablespoonful of the infusion (60 to 90 grains to a half pint of water) every half-hour, continued three or four days, aborts the disease and reduces mortality to a minimum.—Petresco (Transactions Eleventh International Medical Congress. 1894): Zoubkowsky (*Russkaia Meditzina.* No. 21, 1893).

Seventy-four cases of croupous and thirty-four of lobar pneumonia treated most satisfactorily by digitalis; one death from the lobar form.—Fickl (*Wiener Medizinische Wochenschrift.* 1894).

Recoveries will and do occur in great numbers when treated by large and persistent doses of digitalis.—Paulison (*Medical Age.* Sept. 10th, 1894).

Thirty-three cases (catarrhal form) treated with large doses of infusion. Adults bore the remedy well, but children frequently exhibited evidence of gastro-intestinal disturbance. Contra-indicated in the extremes of youth and old age.—Bloch (*Vratch.* Nos. 15 and 16, 1894).

Despite the fact of Bloch's assertion

that "strong infusions are harmless, and have a very favorable influence upon the progress of the disease, and may even cut it short if administered at the outset," he seems not to have attained any phenomenal success, as he admits *eighteen* of his thirty-three cases terminated fatally.

In adynamic pneumonia it can have no effect upon the malady itself, but may help most opportunely to sustain the heart during a crisis or period of strain.—H. C. Wood (Principles and Practice of Therapeutics. 1894).

Recommended as an antipyretic and antiphlogistic in pneumonia with high temperature and rapid pulse, but not justly.—Roth (Modern Materia Medica, Berlin. 1895).

Digitoxin has a veritable abortive action on the progress of the disease.—Corin (*Les Nouveaux Remedies.* May 8th, 1895).

When there is high fever digitalis is often valuable in relieving venous stasis. In the second stage it is of the greatest importance—to stimulate the contractile force of the cardiac muscle when the intra-ventricular pressure becomes too great and dilatation is imminent. The main indication is, increase in intensity of the second pulmonary sound.—Butler (Text-Book of Meteria Medica, Therapeutics and Pharmacy. 1896).

If the patient is weak, especially when the heart is feeble, it should be given in daily doses of thirty-five to forty-five grains of the powdered leaves—every two hours,—infused in water with the addition of a little rum and orange-peel. The treatment must be continued till the pulse becomes abnormally slow or irregular. It is doubtful if the enormous doses of Petresco are free from risk, or if the artificial lowering of temperature thus obtained is of real value.—Barth (*Le Semaine Medical.* July 22d, 1896).

Is of conspicuous service to subdue acute inflammation in pulmonary as well as other tissues. Fairbank employed both locally and internally.—Ringer and Sainsbury (Hand-Book of Therapeutics. 1897).

Of great value in pneumonia when combined with other treatment.—Whitla (Pharmacy, Materia Medica and Therapeutics, London. 1899).

Indicated in the peculiar pneumonia which, not infrequently, is favored and even excited by stenosis of the left auriculo-ventricular orifice, but it is of paramount importance that it be exhibited in small doses. Large doses, even if they agree at first, in the long run exert a pernicious influence.—Bæhr (Science of Therapeutics; vol. ii).

That digitalis is not ordinarily available in acute bronchitis must be self-evident, but in the chronic or senile form, when there are cyanotic symptoms and evidence of excessive determination of blood to the lungs, whereby respiration is embarrassed, it often acts like magic.

In chronic bronchitis and coughs attended with much dyspnœa and violent palpitations, prompt relief is often had by administering every four or six hours, fifteen to twenty minims of the tincture (B. P.), or a combination of digitalis, squills and mercury.—Waring (Practical Therapeutics, London. 1860).

When there is engorgement of veins about the head, a pale livid complexion, coldness of the skin with cold sweats, irregular pulse and beating heart, extraordinary oppression of breathing without lung infiltration, great anxiety and restlessness, or even a soporous condition with a disposition to faint, digitalis is the remedy *par excellence.*—Bæhr (Science of Therapeutics; vol. ii).

That the drug may prove of value in pleurisy, especially in the presence of effusion, goes without saying, but some believe it to be indicated at even an earlier period, on the theory that it combats hyperæmia.—This is laid down by such eminent authorities as Sir Thomas Watson, Fuller, Aitken and Tanner, all of whom believed the medicament (particularly when conjoined with squills and mercury) especially adapted to the pre-exudative stage, and this too, after the view that fox-glove is both adenagic and antiphlogistic had become, in great measure, obsolete.

In recent cases, where the fever is high, give in the form of infusion. In tedious cases, where the fever is of more latent character, give the powdered leaves in one grain doses, combined with quinine.—Niemeyer (Text-Book of Practical Medicine, Berlin. 1872-.

Hæmorrhages.—That the drug possesses styptic properties appears not to be generally understood, or is else too frequently lost sight of, though this was wont be enumerated among its chief attributes half a century since. It is es-

pecially effective in relieving hæmoptysis, hæmatemesis, or fluxes from the uterus.

Given in doses of eight to twelve drachms of the infusion, it never failed to arrest a menorrhagia. The effect is, undoubtedly, through the uterine ganglia whereby the organ is stimulated to contract.—Howslip Dickenson (*The Lancet*, London; vol. ii. 1855).*

In hæmorrhage from the lungs give twenty minims of the fluid extract in conjunction with ergot, gallic acid, magnesium sulphate, and dilute sulphuric acid, every three hours.—Horace Dobell (*British Medical Journal.* June 28th, 1868): Dyce Duckworth (*The Practitioner*, London. 1870).

Serous Effusions.—In 1775 Doctor Withering first brought to the attention of the medical profession the remedial powers of this drug in the removal of dropsies, though it had long been a popular domestic medicament in the northern and northwestern portions of Ireland. He demonstrated beyond all doubt the service of digitalis in hydropsies of visceral derivation; also in the serous accumulations of inflammatory origin. It is, however, preferably employed in conjunction with other diuretics—broom or squill for instance,—and a minute portion of cantharides added to the infusion enhances the action of the latter. The best results obtain to those dropsies that arise in connection with cardiac disease, or subacute nephritis. In the United States and Canada the medicament has never been employed with same freedom that obtains abroad, and in England and Scotland it was (and is, in some districts) a common practice to drencn patients with an infusion made with "two handfuls" of leaves and administered *ad libitum,* or until narcosis, vomiting or purging supervens, and it is really astonishing the quantity that may, sometimes, be given without inducing untoward results, though, of course, the character of the malady must be taken into account. These large doses have generally proved so satisfactory that the drug, by many of the older practitioners in Ireland, is deemed a specific for hydrocephalus.

Cures of hydrocele have been made by daily frictions with an ointment of six parts powdered leaves to thirty parts of lard, the patient meanwhile wearing a suspensory.—*Peninsular Journal of Medicine;* vol. iii. Feb., 1856).

It is at once the safest and best diuretic we possess and the dose may vary from ten minims to half-an-ounce of the tincture. I have given nearly four drachms, in fifteen drop doses every two hours, to a child three years of age, and by so doing subdued a rapidly developing dropsy which was threatening life.—Murray (*Medical Times and Gazette*, London. 1869).

An effective remedy in hydrocele (and also orchitis) is a compress, saturated with concentrated infusion, kept constantly applied to the scrotum.—Besnier (*Boston Medical and Surgical Journal;* vol. lxxxiv. 1874).

Of the numerous diuretics the digitalis infusion is the most active and no amount of apparent cardiac weakness is, *per se*, a contra-indication.—Walshe (Diseases of the Heart and Great Vessels. 1873).

A combination of the tincture with iron perchloride is particularly useful in dropsies of cardiac origin.—Murchison (*British Medical Journal.* Dec. 23d, 1871): Tanner (Practice of Medicine, London. 1869).

Produces diuresis when dropsy is due to demands upon the circulation.—Moore (*The Lancet*, London; vol. ii. 1884).

Genito-Urinary and Renal Affections.—Digitalis has been employed for the relief of almost every conceivable malady obtaining to the genital and urinary apparatus, including disease of the kidneys; its utility, however, appears to be limited, for the most part, to suppression of kidney secretion, hæmaturia, particular uterine affections, and as an aphrodisiac and an anphrodisiac; it is, also, occasionally of value as an adjunctive remedy in renal and vesical calculi.

In six obstinate cases of suppresion a digitalis poultice was effective.—All had resisted other therapeutic efforts. Five experienced prompt relief, and in one of these the suppression had existed 200 hours, and as a sequel she passed, between 4 a. m. and 10 p. m., enough water to fill an ordinary-sized chamber *eight* times! Remember to watch the pulse, for no

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See also the *Detroit Medical Journal*, vol. i, p. 223: Oct., 1901.

good results will be obtained until it falls; also that suppression depends upon capillary congestion that, in turn (by pressure) may paralyze the nerves. The onset in four of these cases was sudden, like an attack of stone, and in fact calculi were passed in each instance. If the drug is carefully watched, no mischief need be feared.—I. D. BROWN (*Medical Times and Gazette*, London. Jan. 25th, 1868).

The external use of digitalis is often accompanied by the best effects. Locally it is deobstruent and antiphlogistic, and upon absorption exerts its peculiar action upon the renal and circulatory system. Apply the tincture sprinkled over spongio-pileine wrung out of hot water.—FUSSEL (*British Medical Journal;* vol. ii. 1871).

It is a valuable adjunct to anti-lithic remedies, though it is not in any sense a solvent of gravel or calculi, nor has it any power to mitigate the suffering that accrues. But it certainly does relieve in a most remarkable manner (as noted by Cullen and Barton a century since) the troublesome dysuria that is dependent upon urinary concretions; further, it tends to a greater supply of kidney secretion, which latter naturally favors solution.

Certainly fox-glove appears to manifest a direct affinity for the genital plexus, but this oftentimes depends upon the amount and regulation of the dosage. It may also, under like conditions, render certain tissues anæmic or hyperæmic, and thus act as either an aphrodisiac or a sexual sedative,—if its use is greatly prolonged the latter condition will be achieved, and with constant use practical impotency induced. As a stimulant to sexual desire, it is more effective in the female than the opposite sex, and has been known to inculcate a degree of erotism that closely simulated satyriasis.

The influence upon the male organ is extraordinary, and its activity is equally great as regards the female organs.—BÆHR (Science of Therapeutics; vol. ii).

If from five to seven grains of the powdered leaves are given for five to six days consecutively, complete reaction of the generative organs is induced. It may be employed with the greatest advantage to combat eroti-excitement, whether due to temperament, sedentary life, stimulating *regimen*, or deprivation of venereal pleasures. It is also pre-eminently useful when phymosis, paraphymosis or chordee, are either present or feared.—BROUGHMAN (*Medico-Chirurgical Review*, London. 1869).

Its antiphlogistic properties are the secret of the good effect secured in spermatorrhœa. If continued for sometime the sexual powers become weakened, the desire disappears, and the liquor seminis diminishes and may vanish altogether. In women it is aphrodisiac, but by long use induces impotence and sterility—interferes with the development of the Graäfian vesicle. It also excites strong, regular and intermittent uterine contractions, hence its control of metrorrhagias; "Is also employed"—according to Tardieu,—to excite abortion.—COURRAT (*Gazette Medicale de Paris.* Dec. 23d, 1871).

Has a specific action upon the reproductive organs, and may be used as an anaphrodisiac; consequently is valuable in spermatorrhœa, and especially so in nymphomania; likewise in nocturnal incontinence of urine.—Goss (Text-Book of Materia Medica, Pharmacy and Special Therapeutics. 1889).

Is successfully employed in spermatorrhœa and nocturnal emissions.—BUTLER (Text-Book of Materia Medica, Therapeutics and Pharmacy. 1890).

A serviceable anaphrodisiac in spermatorrhœa in conjunction with cold bathing of genitals.—FOSTER (Practical Therapeutics; vol. i. 1896).

Few remedies are more available in arresting involuntary emissions than digitalis given in one or two drachm doses of the infusion, twice or thrice daily.—RINGER and SAINSBURY (Hand-Book of Therapeutics. 1897).

In the management of albuminuric conditions the drug has found many advocates; but, as will readily be understood, on recalling its physiological attributes, it cannot be held a positive remedy for what is, at best, but a mere symptom, except its action be determined to the the primary lesion, which, usually, is unmistakably referable to the central organ of circulation; and even here it should be employed only most watchfully and cautiously. Where the kidneys are involved with any morbid process having its inception in the cardiac apparatus, individual susceptibility and idiosyncrasy are

likely to be highly developed. In the acute stage of Bright's disease, digitalis poultice and dry cupping often afford relief; and the infusion may also be employed in half-ounce doses, repeated every two hours for twenty-four hours, or as long as uræmic symptoms are urgent. But the drug should be promptly discontinued once the urine begins to flow, and diuresis continued with the aid of mild, diluent beverages. In passive renal congestion, too, which is generally associated with cardiac disease, digitalis may be indicated.

Is of service in granular degeneration of kidneys, by increasing the quantity of urine passed and lessening the amount of solids voided; also in releiving the tension of the renal capillaries. —Webster (Dynamical Therapeutics. 1893).

Because it is claimed to increase the force of the heart and contract the vessels of the periphery—except those of the kidneys,—it is employed indiscriminately as an ideal diuretic in Bright's disease notwithstanding the contra-indications observable in capillary tension and cordy pulse. Such irrational therapeutics can result in naught but harm. It is almost foolhardy to use in chronic nephritis accompanied with high peripheral blood-pressure, as it usually is, unless preceeded by a short course of nitroglycerine to releive the peripheral tension. —English (*Medical and Surgical Reporter*, Philadelphia. Aug. 22d, 1896).

Decidedly beneficial in the chronic form of Bright's disease where there is cardiac dilatation. In the early stage, accompanied by cardiac hypertrophy and high arterial tension, it is of doubtful utility, either alone or in combination.—Butler (Text-Book of Materia Medica, Therapeutics and Pharmacy. 1896).

Nervous Diseases.—Although no direct action is produced on brain-tissue, it may be imagined some alteration in cerebral function may follow changes induced in the vascular system; hence the apparent benefit often experienced from empirical employment in various forms of mental alienation and in epilepsy. For nearly a century the remedy, in Germany, has been considered an almost specific in mania.

Careful examination of the literature of the subject reveals opinions about equally divided as to the value of digitalis in epilepsy; it may, therefore be assumed that it is entitled to more careful and detailed attention than has been given it of late years, particularly as Withering, Currie, Mills, Carrol, Sessions, W. Scott, and others were wont to advocate its employment in heroic doses. In the many published cases, it will be noted that failure frequently accrued, though, in a large majority the drug was not administered in consonance with the requirements laid down by its supporters.—Manifestly the dose was too small to benefit. In a few, even under full doses, digitalis proved merely palliative. In those portions of the Emerald Isle where the medicament is still deemed a specific, the doses are not only large, but enormous.

In epilepsy, though it has produced no cure, it is evident that the use of digitalis ought not to be too hastily forsaken. In mania it is often exhibited with good effect.—Barton—Cullen (Treatise on Materia Medica; vol. ii. 1812).

Its use should be limited to those cases where the malady is dependent upon disease of the heart and, particularly, where there is increased fullness and pulsation of carotids and temporal arteries.—Foville—Mayo (On Insanity: Waring's Practical Therapeutics. 1866).

Fox-glove has also been employed in ex-ophthalmic goitre, and with a certain measure of success. This much may be said for the medicament viz., that it quiets the heart and lessens the pulse-rate; but that it has ever proved in any degree curative may be questioned.

When purely functional in character, Graves' disease has been cured by digitalein; and even in incurable cases the cardiac irregularities and dilatation of the cervical vessels are ameliorated.—Cawasjee (Practitioner's Vade Mecum, Bombay. 1891).

Occasionally of benefit by its action upon the heart.—Biddle (Materia Medica and Therapeutics. 1895).

Patients may improve under a long course of digitalis, but generally this treatment fails to be of any utility.—Hale White (Materia Medica, Pharmacology and Therapeutics. 1895).

Functional ex-ophthalmic goitre in the anæ-

mic young, and associated with cardiac weakness and dilated vessels, is often benefited by digitalis combined with restoratives.—Felter and Lloyd (King's American Dispensatory; vol. i. 1898).

Alcoholism.—Enormous doses of the drug are often tolerated by those habituated to alcoholics, and especially is this true of those afflicted with *mania a potu*—presumably because the heart has, by long custom, become inured and benumbed to the action of stimulants.

Digitalin given in delirium tremens in doses of 1-60 to 1-50 grain.—Homolle (*Medical Times and Gazette;* vols. i and ii. 1861).

Its efficacy in large doses has been proved by numerous cases.—Waring (Practical Therapeutics. 1866): Jones (*Medical Times and Gazette.* Sept. 29th, 1860): Peacock (*Ibid.* Aug. 3d, 1861): Mackenzie (*The Lancet*, London. Mar. 1st, 1862).

The evidence of the calming effect of the drug in this malady is of the most vague kind; further, there is no indication of the class of cases in which it may be safely prescribed.—Laycock (*Edinburg Medical Journal.* Nov., 1862).

Wonderfully effective where there is low arterial presure. Is less serviceable where there is high arterial tension.—Butler (Text-Book of Materia Medica, Therapeutics and Pharmacy. 1896).

Seventy cases were treated by the late Mr. Jones of the Island of Jersey without any alarming symptoms; but others were not so fortunate, and in two instances the patients fell back dead although, up to that moment, there had been nothing to indicate serious danger. It must be remembered that if a patient dies suddenly when taking digitalis, death is always attributed to the treatment, whereas if any other drug were given the result would probably be attributed to the disease.—Murrell (Manual of Materia Medica and Therapeutics. 1896).

Digitalis may be given in large doses in delirium tremens without danger. It very often does good, producing speedily, in most cases, refreshing quiet sleep, and even when it fails it generally calms undue excitement. Under this treatment severe asthenic cases in which, owing to the great prostration present, death seemed imminent, have rallied astonishingly and ultimately recovered.—The evidence of this is too strong to be disputed. Personal experiences also evidence that sthenic cases are also amenable to the drug.—Ringer and Sainsbury (Hand-Book of Therapeutics. 1897).

The tincture given in four drachm doses (every four hours for three doses) caused the patient to become quiet. If this was not sufficient another series of three doses, six hours apart, was ordered. Usually not more than three doses were necessary. The best effects were obtained in those who were strong, robust and suffering from no complications, but with violent delirium.—Loomis (*Journal American Medical Association.* 1901).

Febrile Maladies.—Every few years there appears to be an attempt to rehabilitate digitalis as an antithermic and antipyretic, and a wonderful amount of evidence favorable thereto is elaborated. The general application of the drug in this direction has been attended with many fatalities (and many more have occured that have never found record) owing to the ignorance of the prescriber. The writer, during one summer, witnessed three accidents that were directly traceable to the mal-administration of digitalis, —given as an antipyretic in mild cases of intermittent and remittent fever. In typhus and typhoid it has been greatly lauded, but all the evidence adduced will not excuse the practitioner who employs from an empirical standpoint, or as a routine remedy only.

Prescribe the mineral acids in typhoid to neutralize the poison and improve the state of the blood. To promote flow of urine, give digitalis, nitrous ether and gin.—Murchison (Continued Fevers of Great Britain, London. 1873).

Miscellaneous Maladies.—The writers of the early part of the Nineteenth Century were wont to recommend the employment of large doses of digitalis for the reduction of incarcerated hernia. Also, thirty-five years ago, in *The Lancet,* London, appeared a statement that the drug will afford speedy relief where a swollen gland threatens to suppurate, and it is conceivable this is true owing to promotion of absorption and elimination.

Digitalis Poisoning.—Digitalis poisoning is of extremely rare occurence; a fact that may be, oftener than not, perhaps,

ascribed to the practically-inert character of most of the preparations marketed. The symptoms are, for the most part, the same as when too large or too-long-continued doses have been exhibited, but in greatly-aggravated degree, viz.: Disordered state of primæ viæ; slow and irregular pulse; coldness of extremities; syncope or tendency thereto; giddiness; confusion of vision—external objects appearing of yellow or green hue,—mist or sparks before the eyes, which are prominent, with pupils fixed and perhaps dilated; weight and pain in forehead; weakness of limbs; insomnia; stupor or delirium; urine suppressed, perhaps; and there may be abundant salivation. Fatality is usually preceded by stupor or convulsions and a dilated, insensible pupil.

According to Tardieu, an almost certain diagnostic symptom of digitalis poisoning is a blue color of the sclerotic.

The minimum fatal dose is not known, and, owing to the inconsistancy of its action, or rather the varying strengths of different preparations, probably never will be until some more effective measures are adopted to ensure *absolute* uniformity in individual products; and even then there are the idiosyncrasies of individuals to be reckoned with, as well as those manifested in the same individual at different periods.

After evacuating the stomach and bowels, resort must be had to tannin, opium, stimulants and the recumbent posture,—in other words, the remedies must be selected in consonance with existing conditions. Aconite also may be employed, but it requires to be administered with great caution and circumspection.

A great deal has been said and written, in the past, regarding the "cumulative action," which is heralded as an especial feature of this drug—so much so that it is frequently a deterent bugbear to the student and young practitioner. I have no hesitancy in saying such exceptional action does not exist, except in the sense that any drug may be cumulative, viz., by inhibition of activity of the emunctories. Just so long as the doses are kept within bounds—*i e, so* long as they induce diuresis, and elimination is no way interrupted,— they are safe; but extreme doses of glucosides, or even extracts, in the presence of renal suppression, (which may be brought about by the remedy itself, when injudiciously administered) are sure to produce the toxic phenomena designated "cumulative." It is often a nice point to determine whether the manifestations are due to digitalis *per se,* or to the resorption of effete products.

A lad of eight or nine years convalescing from scarlatina of the anginose type, attended with great distress in the throat and culminating in suppuration of the parotid gland, with profuse discharge of pus, began to give evidence of ascites and anasarca. During two or three days he was given, every six hours, one-and-one-half grains of powdered digitalis which increased the renal secretion and promoted absorption. The drug had been suspended for forty-eight hours, when he suddenly became comatose, with cold extremities, great prostration, oscillatory movements of eyes, frontal headache and some nausea and vomiting; pupils dilated but sensative to light; pulse not much reduced in frequency but somewhat irregular; GOLENTINE (*Boston Medical and Surgical Journal;* vol. XLIX, October 5th, 1853).

The foregoing is a typical case of so-called digitalis poisoning, deemed "cumulative," yet it is manifest on close analysis that the drug could not have been at fault except, perhaps, indirectly. Undoubtedly the untoward symptoms were due to disturbance of renal function, and they are very suggestive of one phase of uræmic poisoning; and it likewise may be surmised (from the context) that, had the administration of digitalis been persisted in, no untoward result would have obtained.

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DR. G. ARCHIE STOCKWELL, Editor.

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HOLIDAY GREETING.

We heartily wish our subscribers, patrons and friends, a very "Merry Christmas," and a most prosperous and "Happy New Year."

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THE BEST ANTIPYRETIC.

Three qualities are demanded in the safe and perfect antipyretic, namely: It must be aseptic; also volatile, and; manifest the minimum of solubility toward aqueous fluids.

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MEDICAL ETHICS.

Most medical bodies are wont to adopt a code for the government of its members. Since any code is intended merely to outline rules of conduct that should always obtain among medical *gentlemen,* the formulating of such would seem, on its face, to be superfluous. But human nature is very much mixed: Different methods of training tend to produce results that, sometimes, are widely opposed; the same precise principles do not animate the conduct of each and every individual; and—most unfortunate of all—many medical men are not gentlemen, which is so much the worse for the profession as a whole.—Probably no other body of men and women are so beset and hedged about by personal jealousies, or so utterly at variance in matters of trifling as well as cardinal import. This is one of the evils of a calling that is not an exact science, and that can never hope to be (owing to the individualities of morbid conditions, obtaining to each and every case) involving, as it does such a diversity of coincidences. —Every day some one of us is compelled to abandon ideas as futile, that had been accepted as indubitable facts. Yet the golden rule—little beside a memory, in these days,—"Do to others as you would have them do unto you," covers the whole field of ethics, medical or otherwise.

The trouble with the code adopted by

the American Medical Association half-a-century or more since, is not that it is illiberal, faulty or obsolete—there is not an honorable medical man who cannot subscribe to every line thereof, no matter what his pathy or ism; but the principles embodied are buried under such a mass of verbiage as frequently to demand an interpreter, and hitherto each individual and subordinate body has been accustomed to construe to personal ends, instead of referring to the Committee on Judiciary which, alone—under the Constitution, and likewise by the authority of the code itself,—is entitled to decide thereupon, *ex cathedra.* Article vi, Section 1, of the latter, expressly declares:

Diversity of opinion . . . . . should be referred to the arbitration of a sufficient number of physicians, or a *court medical.*

—Certainly the Judiciary Committee, within the American Medical Association, constitutes a "court medical."

The question of advertising is perennial. The Committee just mentioned, under authority of the Constitution, endeavoured to settle this many years since. It declared, definitely, the right of every practitioner to insert a card in his home (lay) publication, or in the newspapers current or contiguous to his place of residence; said card to embody only the name and address, professional titles, and (when the individual is a specialist) the words "Practice restricted or limited to . . . ." —specifying such limitation. Also, the placing of cards in a purely medical publication was discussed, and the rights of the practitioner affirmed, along the same lines, with the proviso that here more scientific terms can be employed,—"Oculist and Aurist" for instance, in lieu of "Practice restricted to Diseases of the Eye and Ear."

But, regardless of this decision, it may be pointed out that the code does not take cognizance of advertising in any form save that which is manifestly (even to a tyro) improper. Article 1, Section 1, says:

It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or hand-bills inviting the attention of individuals affected with particular diseases —publicly offering advice and medicine to the poor gratis, or promising radical cures . . . . . Such are the ordinary practice of empirics and are highly reprehensible . . . . . .

Manifestly this embraces nothing that can be construed into a denial of the right on the part of any medical man to publish a card; it is certainly not what is intended by "private cards . . . such as are the ordinary practice of empirics;" and the second part of the same sentence, if interpreted as literally as the first has been, would constitute a bar to all hospital and free dispensary work which, *de facto, are* "reprehensible" when conducted upon the methods that too frequently obtain.

It certainly is legitimate, through the advertising columns of the reputable portion of the medical press, to call the attention of one's brethren to any particular fitness one may possess that will fit him for a consultant, that will aid in more accurate methods of research, or secure division of responsibilities. Doctor Blank, continually and persistently, informs the medical public that he has established a "Sanitarium" or "Retreat" for the treatment of this or that malady, and no one objects; and further the same individual is frequently one of the "shining lights" of a notable and duly accredited medical association.

Finally, is the insertion of a card in a medical periodical more derogatory than the reading of essays before societies or publishing the same, to the end, *purely,* of self-aggrandizement? If such were judged by their real purpose and intent, and so "tabooed," there would be a woeful falling off in attendance upon medical societies, and a dearth in contributions, though there is no doubt such censorship would react to the benefit of medical lit-

erature, elevating it both as to morals and tone.

Again, the day has gone-by when the practitioner because of particular or specific affiliations and teachings can be classed as an empiric. The regular profession is under deep, varied and lasting obligations to such. Further, it must be remembered, all of medicine had its origin in what is termed empiricism (as differentiated from charlatanism), and all roads pertaining thereto lead to a common goal. The demand of the hour is not for sectarianism, but for the blending and sifting of ideas to the end the best results may be obtained in combating the common foe; and this has been largely brought about by EDUCATION. The latter has broken down the barriers, admitting to its circle all medical gentlemen who comply with its demands, and who are thus brought within the pale even of the much-abused code as laid down by the American Medical Association.

DYSENTERY.

The saline treatment of this malady has been largely employed by East Indian practitioners; and also by French colonial surgeons. Clinically there are three kinds of dysentery, viz., mild, acute and chronic.

Anything will cure the first provided the patient is kept upon a low diet and confined to the bed. Acute cases with strong personality react splendidly to a large dose of ipecac namely twenty to twenty-five grains, but other acute cases are best treated by saturated solution of sulphate of magnesium.

The so-called chronic form is very different from either of the foregoing: There is nothing specific about it; it is merely a low gangrenous form of ulceration that occurs in connection with cachexia and is frequently the terminal episode of such,—and especially those of malarial or tuberculous type; also in cases which might be termed sprue; in "faminine diarrhœa;" and among exhausted pilgrims going to and from the shrines of India.—In such the dysenteric stools alternate with diarrhœa, or there are the intervals of constipation, and they demand infinite care and patience in treatment, as well as to be restricted to a milk diet.

This form of dysentery, alternating with diarrhœa and periods of quiescence, very much resembles, clinically, the so-called "amœbic" form, with the great difference that it is almost never connected with liver abscess. Now-a-days there are few believers in an amœbic dysentery outside of the limits of the United States, and even Kartulis (who demonstrated the *Aemœba coli* in healthy stools) is no longer confident as to the pathogenic rôle of this organism—other more formidable microbes seem to be the active agents. But, to return to the question of treatment:

Rest and an amylaceous diet will cure the mild cases in a few days, hence the *post hoc* success of numerous drugs including cinnamon powder. For acute dysentery, ipecac given by the Scott-Doëker method is very affective: In those of more weakly nature the saturated solution of Epsom salt, two drachm doses three or four times daily, is to be prefered. For chronic dysentery ipecac is best avoided, and calomel, castor oil, soda and antiseptics (such as salol and bismuth) may be tried; in some cases where there is an acute exacerbation, the magnesium sulphate may have preference,—the general treatment, and milk diet, are above all necessary but must be coupled with infinite patience, both on the part of the patient and the medical attendant. Perchloride of mercury with opium and tincture of nux vomica are also useful in chronic cases and frequently prevent or postpone recurrences.

Pages might be written on this subject, but unless the class or kind of dysentery met with is defined, there is no use in recommending any particular drug. The

practical clinical distinction here made, will prevent a too great belief in the powers of a remedy that may only have been tried in mild cases—cases that scarcely need drugs at all.

TOXICITY OF PERSPIRATION.

Arloing, before the Paris Academy, claimed the perspiration induced by muscular exertion is highly toxic, and injected into the circulation of animals, at once induces depression, which may go on to fatality within thirty-six hours; *per contra,* he holds perspiration induced by heat alone as harmless. Berthelot recalled that certain old books contain a receipt for poisoning arrows by means of perspiration gathered from the axilla of a horse.

It may be that the perspiration of the equine is particularly charged with toxins, but there is more than a suspicion the axillary region of these animals never received the attention as regards cleanliness that it should, and the untoward qualities of the secretion may be extraneous rather than physical.

POISONING BY MAGNESIUM SULPHATE.

"Common salts" are generally considered as innocent as any remedy can well be, and so far as the effects are manifested in general, this belief is well borne out. However, a report comes from Russian Poland of a case of poisoning by this drug, the particulars of which, however, are not communicated.

In 1897 a like case was reported in *The Lancet* (London) by Doctor Hedley Neale, who stated a lad aged fifteen took one ounce and "thereby became violently ill;" vomiting, cyanosis, tetanic spasms, weak pulse, cold extremities, and partial coma supervened. Under the action of heart stimulants the patient recovered, but it is notable that no purgative action was secured.

The *Druggist Circular,* discussing this latter case, remarked that, in March, 1888, it had occasion to report a like circumstance with a less fortunate ending.

The question naturally arises whether the untoward events cited in each of these instances might not have been due to an adulteration—certainly a poisonous action from Epsom salt is the last thing to be expected. It is, of course, possible that there are individuals who are idiosyncratic to this medicament, but after a very careful examination of medical literature we are unable to obtain any specific information that would lead to even a suspicion of such circumstances. The symptoms detailed in *The Lancet's* case are such as would occur to a number of poisonous metallic salts, and therefore it seems more than probable that an impure or adulterated drug was at fault.

ANOTHER DEPLORABLE ACCIDENT.

Last month we had occasion to comment upon the terrible accident that occured in St. Louis, Missouri, whereby a number of unfortunates, treated with antitoxin for diphtheria, were infected with tetanus. Hardly had our remarks been penned than the Associated Press chronicled a parallel accident in Camden, New Jersey, not through antitoxin, however, but by means of vaccine virus, whereby tetanic infection was induced in nine individuals. Information is afforded that "only seven fatalities" have accrued; but even one death, as the result of a blunder, is not only unpardonable but criminal.

Where the blame lies has not yet been definitely determined. On this occasion it would appear that a private corporation is at fault, but no names are mentioned; in fact the whole affair seems to be not only shrouded in mystery, but pervaded by a degree of reticence that is more than suggestive of an attempt to stifle criticism and publicity—this is to be observed in the silence of the so-called "enterprising" and "yellow" wing of the press. Quasi-experiments with negative results,

have been made with purported samples of the fatal virus, and as a result, a declaration promulgated that the vaccine was not at fault, but untoward "meteorological conditions creating an epidemic of tetanus"—a claim that, to say the least, is most absurd and nonsensical, especially in view of the fact that no accidents have accrued to Philadelphia, only half-a-mile away across the Deleware, with its more than million inhabitants.

Doubtless fuller light would be of benefit to the profession though we deprecate the exploiting of such if it is to serve the interests of morbid news-gathers and sensational publications. In the meantime the Anti-Vaccinationists have secured a most powerful and plausible weapon with which to belabor those who do not accept their peculiar doctrines; and it is notorious that these people have ever manifested a most unwholesome disregard for truth.

CHOLORFORM ADMINISTRATION.

Soon after the application of this benificent agent to surgery, half a century ago, Doctor Snow pointed out the chief, if not the only, danger from chloroform anæsthesia is from over-dosing; that the fatalities are due solely to an excess of chloroform vapor in the air respired. Also was noted—a fact that has been, and still is, generally ignored, and yet demands to be carefully taken into consideration,—that anæsthesia in the adult can be induced by even so small an amount of chloroform as one, or one-and-a-half, per cent. in the air inspired. It would therefore seem that the first requisite is a means of measuring with exactitude the amount of chloroform vapor. This has heretofore been deemed impossible; but recently an apparatus has been devised (a "regulating inhaler") which accomplishes this result perfectly and the amount of the anæsthetic may be increased or decreased at will. Doctor Bell of Glasgow asserts that by means of the new mechanism chloroform administration can be conducted with *"absolute safety!"*

EDITORIAL NOTES.

A Valuable Emmenagogue.—

Give teaspoonful of tincture sanguinaria three times daily. The result is often surprising.

Tetanus, Traumatic.—

Doctor Enrico dell'Acqua, of Paris, reports the successful treatment of three cases by means of injections of pilocarpine muriate.

Consumption.—

Brunon declares that beefsteak and onions, with lawn tennis, is more efficacious in the treatment of this malady than the entire sanatorium system of Germany.

Eyesight, Deficient.—

This is declared to be the chief cause of disqualification of candidates for the British Army. Glasses are not regarded with favor at the Horse Guards (War Office), though in Germany, and elsewhere on the Continent, a moderate amount of myopia or astigmatism is no bar to military service.

A Hint Regarding Trained Nurses.—

One of the hardest things for the nurse to learn is not to prescribe for patients. Some, pride themselves on carrying out directions to the very letter, but unless the attending physician is also careful to specify *what not to do,* it is often found all sorts of liberties have been taken and things performed that were better left undone.

Instruct the nurse never to ask the patient what she or he wants in the way of food. If anything is called for that will not injure, it should be allowed, but even then only a small portion at a time; a little bit in a dainty dish will tempt the appetite,

when a larger quantity would induce loathing and nausea.

Finally, and above all, especially if inclined to garrulity, keep her busy so that her tongue will be quiet.

Good Sense.

It has been suggested that every society, and especially the American Medical Association, should appoint a committee whose province it shall be, to reject, curtail, or abstract impartially, every paper not of suitable length and interest, the same as if presented for publication.

Better yet if the editors of society journals will cut from all articles the repetitious material, useless paddings, attempts at self-advertising or proprietary-medicine puffing that, too frequently, characterize otherwise valuable papers.

Amenorrhœa and Dysmenorrhœa.—

Experiments of Joret and Homolle have proved apiol to be a valuable emmenagogue, and the observations of these gentlemen are confirmed by many other authorities. From a physiological point of view the drug is absolutely innocuous. In doses of from seven to fifteen grains it induces slight cerebral excitement, such as is caused by coffee; doses of thirty to sixty minims produce drunkeness. Its action on the uterus is analogous to that of digitalis on the heart, and to secure its full effects it should be given shortly before each period.—*The Lancet* (London).

The difficulty is, however, to secure a pure and efficacious product. The bulk of "apiol" on the market, is nothing but oil of parsley,—colored by chlorophyll if green, oxydized by sulphuric acid if red,—and practically inert. True apiol should be in needle-like crystals and, even when mixed with a small portion of parsley oil for convenience of capsulating, should make itself manifest in this form when subjected to a low temperature. Merck & Co., however, supply the crystals in bulk when desired. The dose should be two to three grains. The price, however, is practically so great as to inhibit general employment, though it is one of the most valuable remedies ever offered the profession. It is an excellent succedaneum for quinine, also, in malarial disorders.

For Tapeworm.—

Pomegranate-root bark 4 drachms
Pumpkin seeds (fresh) 30 grains
Male-fern, ethereal ext. 1 drachm

Boil the pomegranate-root bark and pumpkin seeds in half a pint of water for fifteen minutes, strain and allow to cool, and then add half a drachm of fluid extract of ergot (Squibb's).

Take the ethereal extract of male-fern, add to it two minims of croton oil, and rub up thoroughly with two drachms of powdered gum Arabic; with this make an emulsion with the above decoction.

It is claimed that this will remove the tapeworm within two hours, but much depends upon the quality of the ingredients, the male-fern especially.

"Alien Insane."—

Under this caption *The Boston Herald* comments most sensibly upon the increase of insanity, as the result of undesirable immigration, in the United States, and makes the demand that measures looking to relief be instituted. The ratio of insane in our asylums is given at thirty-five per cent. for those of native birth, against sixty-five per cent. of foreign extraction.

Our Canadian friends will please understand that this does not refer to those who formerly were in any way affiliated with the Dominion, or indeed to any emigration of Anglo-Saxon or Gaëlic stock, despite the employment of the term *"alien."*

Cystitis in the Female.—

The latest method of treating chronic cystitis in women—a malady that is usually accompanied by contraction of the bladder,—is a small baloon-shaped rubber bag, which is inserted *per urethram*, and then filled with the amount of hot water requisite to distend it. This seems to give immediate relief, even to patients who have suffered with this affliction for years.

Book Reviews.

Libertinism and Marriages. By Doctor Louis Jullien (Paris). Cloth, 12 mo.; pp. 174. Price, $1.00. The F. A. Davis Co., Philadelphia, 1901.

As might be expected, the surgeon of the prison hospital, Saint Lazaré, wields a facile and somewhat humorous (in "French" vein) pen. Yet, underlying all is exhibited a plain, practical, common sense. The lessons inculcated are invaluable.

The volume is less a text book than an essay on morals wherein is discussed the relations of medical men toward certain sexual problems. As a whole the work is a most readable one.

The Diagnosis of Nervous and Mental Diseases. By Howard T. Pershing, M. Sc., M. D. Illustrated. Cloth, 12 mo.; pp. 223. Price, $1.25. P. Blackiston's Son & Co., Philadelphia, 1901.

Neurological diagnosis presents peculiar difficulties for those who have not received special training therein. This work is intended, in great measure at least, to obviate these difficulties in a practical, convenient, and concise manner. The author deprecates any suggestion that the volume is intended to supersede the larger text books; the purpose is to make it adjunctive and subservient to the latter, at the same time to facilitate the acquisition of further knowledge and to stimulate research.

Medical German. By Solomon Deutsch, A. M., Ph. D.; Fifth Edition; Cloth, 12 mo.; pp. 246. Price, $2.25. J. H. Vail & Co., New York.

This little volume was prepared, at the instance of a number of prominent physicians in the East, as an aid to the English-speaking practitioner in his intercourse with German patients, and also to facilitate consulting German medical publications. The book is separated into two marked divisions: The first gives an extensive and diversified collection of words and phrases that pertain to the science and practice and medicine; the second consists of conversations such as are presumed to be held at the bed-side, and with patients in general, covering both questions and answers. The fact the work is in its fifth edition is ample evidence that it has found a field of practical usefulness.

Physiological Laboratory Guide. By A. W. Ives, M. D. Cloth, 8 vo.; pp. 60. Price, 75c. The J. F. Hartz Co., Detroit, 1901.

The fact this work, as yet hardly two years old, requires a new edition, speaks amply of its success and utility. It has been thoroughly revised with much new matter added, and all former errors corrected. While the author makes no pretentions to originality or exhaustion of the subject, yet he treats very thoroughly of such matters as come within the scope of the ordinary medical-college curriculum. It not alone tends to facilitate the work of the medical student, but is of equal utility to the practitioner who desires to enter the field of experiment.

The Physicians Visiting List.—Twenty-Five patients per week. Interleaved Edition. Morocco; 16 mo. Price, $1.25. P. Blackiston's Son & Co., Philadelphia.

This convenient and practical work has been before the medical public for fifty years, which fact is the best possible evidence of its merits.

New Instruments and Devices.

NEW EAR SPECULUM.

This admits of five times the usual amount of light being reflected to the distal end of the instrument thereby greatly facilitating examinations and operations within the aural cavity. It is made of light spun metal and silver plated on its interior surfaces. One marked peculiarity is, the rays of light are not reflected toward the operator but, *directly into the ear* and upon the point in view, without intermediate obstruction.

THE DOROTHY NURSING BOTTLE.

With this invention it is utterly impossible for the nipple to collapse: likewise equally impossible for the infant to "suck air." Above all, it is absolutely aseptic and sanitary, as it can be thoroughly cleansed and sterilized in a moment, by a turn of the hand. While it acts by atmospheric pressure, yet no air can reach the contents.

Items and News.

A Libel.—

God made the earth in six days, and then rested; then he made man, and rested again. Then he made woman; and since that time neither God or man has had a rest.—*Medical World.*

Commendable Caution.—

Visiting Clergyman: "I'm very glad to have been of any comfort to your husband, my good woman. But what made you send for me instead of your own minister?"

Good Woman: "Weel, sir, it's typhus my poor man's got, and we dinna think it just reet for our ain meenester to run the risk."—*Tid-Bits.*

A Convenient Device.—

A portable spirit lamp can be made from a metal thermometer case, by simply fitting it with a few strands of wick and filling with spirits. Screw on the top and place a piece of rubber tubing over the joint, making it spirit-tight. It is good for sterilizing needles, a suitable companion to Pavy's urinary test case, and available for many other purposes.—*Medical Times and Gazette.*

Adulterated Linseed Meal.—

Abroad an ingenious method of sophisticating is practiced. The cake, left after expression of the fixed oil, is triturated with a petroleum of about the same density as linseed oil, and the mixture sold as "pure crushed flaxseed." Assay will, of course, show the full amount of oil, but the adulteration is liable to be overlooked except on critical examination.—*Food and Sanitation* (London).

Prevention of Conception.—

Before the Hamburg Obstetrical Society various methods were suggested, none of which, however, appear to be certain. Objections were made to the so-called "occlusive" pessaries, as they frequently give rise to endometritis, and are pernicious in cases of inflammatory disease of the pelvic organs. The concensus of opinion was, that under some conditions the physician is justified in trying to prevent conception.—*Centralblatt fuer Gynakologie.*

An Everyday Tale.—

Mrs. Merony (through the telephone): "Is that you, Doctor?"

Doctor: "Yes; who is it?"

Mrs. Merony: "Mrs. Merony. O, Doctor! what shall I do for the baby? He has swallowed a dime."

Doctor: "Well, you surely don't want to spend two dollars to get a dime, do you?" —*Newman Independent.*

Curangine.—

This is an alkaloid derived from *Curanga amara,* (a member of the family Scrophularacæ, having the formula $C^{48}H^{17}O^{20}$). It is easily soluble in alcohol (ethylic and methylic), aqueous acetone, and acetic ether; less so in ether, petroleum spirit, carbon disulphide; and but partly soluble in chloroform and pure acetone; in water it is soluble to the extent of 6.18 per cent. It has marked febrifuge properties. —Boorsma.

"Ale," Origin of the Word.—

Is there anything more English than "ale?" It carries back to the banquets of our dead ancestors in Valhalla, and some of its compounds open up vistas into that old England which is fast disappearing. Such are "ale-bush," a tavern sign; "ale-conner," "an officer appointed in every court leet, and sworn to look to the assize and goodness of bread, ale and beer;" "ale-cost," a kind of tansy used to flavor the rustic's home-brewed—yet bears witness to the mongrel nature of the speech of a mongrel nation, cost being from the Greek *kostos* (a savory herb). "Alegar" is eager or sour ale, used as vinegar.—*Exchange.*

Color of Water and Alcohol.—

An interesting series of experiments deals with the color of the alcohols as compared with water. None of the alcohols are colorless when the thickness of fluid is twenty-six metres; methyl alcohol appears greenish blue, ethyl alcohol the same but of a less warm color, while amyl alcohol is greenish yellow. The pure blue color observed in water becomes thus modified by the admixture of more and more yellow as one passes from one term of the homologous series of compounds to the next.—Spring (*Bulletin Royal Academy,* Belgium).

Therapeutic Brevities.

Belladonna in Whooping Cough.—This medicament is probably the best remedy for whooping cough, and its value has been upheld by Jacobi for years, who relies upon it almost exclusively, no other drugs being used except perhaps chloral and bromides at bedtime, and then only if the cough is distressing at night, and at the beginning of treatment.

In order to get results the drug must be pushed to the physiological limit—that is, until the characteristic flush of the face is produced; this occurs in from five to twenty minutes after a dose ranging from two to twenty drops of the tincture. Whatever dose produces the flush must be given three times daily, and the flush watched for each time.

No case has yet been seen which did not yield in from three to five weeks where treatment was assiduously carried out. Sometimes the paroxysms seem to increase in number and violence for the first few days, but after that they grow milder and diminish in frequency to the end.

To one firmly convinced that whooping cough can be conquered in such a short time, it seems strange to hear physicians say that nothing can be done for this disease but to let it take its course for weeks and months, until the patient dies or partially recovers.—Byrne (*Merck's Archives*).

Stomach Diseases, Olive Oil in.—In cases of ulcer, cancer and stenosis, a wineglassful before meals will prevent the severe pain that follows upon eating. In many cases of functional stenosis the concomitant dilatation of the stomach disappears completely. Twelve cases of gastric catarrh, treated by this method, yielded uniform good results whenever the oil was well borne—about one in twenty, cannot take the medicament in the doses required,—that is, up to about sixty to seventy-six drachms daily.

In two instances this treatment was tried as an *absolutely* last resort before operation, yet proved successful; the patients, who had lost so much in weight as to appear most cachectic, began immediately to gain in flesh, and within two months were almost cured.—Conheim (*Medical News*).

Anæsthesia.—The anæsthetist should observe the pulse rate and tension, and the condition of the pupils, before beginning the anæsthetic: A dilated pupil which does not react to light is one of the earliest symptoms of syncope:

In case of heart failure during anæsthetization, König's method of massaging the heart gives most satisfactory results—this, by making regular pressure with the semi-closed hand over the heart, with the object of stimulating ventricular contraction:

It is useless to give cardiac stimulants before the circulation has been re-established:

Chloroform, as well as ether, will produce albumen and casts in the urine, although in cases of renal disease its effect is much less deleterious than the effect of ether.—Eisendrath (*Journal American Medical Association*).

Aspirin.—This salt is due to the action of anhydrous acetic acid on salicylic acid; it is entirely free from irritating effect upon the stomach, and the ringing in the ears and the disturbance of the nervous system produced by salicylic acid and quinine. In rheumatic fever and the wandering pains that are apt to follow the congestive stage, sometimes of a neuralgic character, the remedy is of special value, as well as in the headache, the fever, the aching and soreness of the muscles, and the neuralgic pains of the whole system. It may be given in fever, five to twenty-five grains, every two or three hours, in solution, dry on the tongue, or in capsules. The freedom of the drug from unpleasant drawbacks makes it a desirable remedy for children and delicate persons.—*New York Medical Times.*

Adulterated Kusso.—Much of the powdered kusso contains at least ten per cent of male-flowers, stems, stipules, and other impurities,—the *male* flowers are strongly emetic and nullify the anthelmintic action of the female flowers. Imbed a little of the powder in a chloral-hydrate solution (choral hydrate, 5, water, 2 parts) and examine microscopically under a power of 400. The pollen grains have an exceedingly characteristic ball-shape, and are thirty-three to thirty-five microns in diameter, with three clefts from which the

pollen tubes protrude during growth. Search should also be made for the characteristic cells of the fibrous layer of the anthers, as well as for fragments of the calyx of the male flowers. It is recommended above all that kusso be purchased only in bundle form and then personally powdered.—KOSTERS (*Schweizerin Wochenschrift fuer Chemische und Pharmacie*).

Spasmodic Croup, Glonoin for.—Nitroglycerin, given in small doses, frequently repeated, is an ideal remedy where steam inhalations and emetics fail, or where the latter cause too much depression. To children from five to ten months old, give from one-one-thousandth to one-six-hundredth of a minim, repeating in five to ten minutes if no effect is noticeable. Usually, in ten minutes, there is marked relief from dyspnœa and in the general appearance. By means of these small doses (from every fifteen minutes to once in one to three hours), the laryngeal spasms are controlled. Sometimes it is not necessary to repeat more than once or twice; at other times the remedy requires to be continued, at more or less frequent intervals, for two or three days.—MARSHALL (*Atlantic Medical Weekly*).

Snake Bite.—Stop immediately the circulation in the bitten member or part of body, so as to prevent absorption of the poison. Freely incise and enlarge the fang wound and suck forcibly to extract the poison—the suction may be accomplished with a cupping-glass or with the mouth, the poison being harmless when swallowed. Inject hypodermatically three to six drops of a fresh ten per cent. aqueous solution of calcium chloride into about a dozen areas around the wound.—Gold chloride is just as effective, but too expensive. Potassium permanganate is of little value.

Give strychnine hypodermatically to stimulate the respiratory centre. Whiskey should not be given at all, or only in very small doses, because an excess of alcohol still further depresses a heart already depressed by the venom.—MCFARLANE (*International Medical Magazine*).

Digitalis, Prolonged Use of.—Contrary to general opinion, digitalis may be employed over long periods. In cases of acute dilatation of the heart where there is great cyanosis and serious disturbances of the circulation, large doses may be employed and repeated several times until the desired effect is obtained. I do not hesitate to employ a dose of ten or twelve grains repeated once, or even twice, at intervals of four or five hours, until the serious acute condition is overcome. In chronic loss of compensation, I use four to six grains daily for weeks, or even months, and have no fear of its cumulative effect. I usually employ four to six minims of Squibb's fluid extract per day combining with sparteine, or with arsenic, or with strychnine.—JACOBI (*Medical News*).

Morphine, Action of.—Emptying of the stomach is much delayed. The gastric secretion in the beginning undergoes a diminution, but later there is an enormous increase, and increasing doses progressively increase these results. With the same dose, the subcutaneous injection produces more marked disturbances of the stomach than exhibition by the mouth; in the latter the food present at the time decides, according to its slow or rapid absorption, whether the appearance of the described symptoms be mild or well marked.—HIRSCH (*Centralblatt für Innere Medecin*).

Gall-Stone, Nitroglycerin for.—To a woman, aged forty-eight, suffering from gall-stone colic, one-hundredth of a grain nitroglycerin was given, which afforded relief in a few minutes. Though she has since had several attacks, all have been speedily relieved by this remedy.

The use of the drug was suggested by its known paralyzing action on unstriped muscular tissue: Presumably it relaxes the spasms of the gall-bladder and ducts. Perhaps some of the cases of gastralgia that are relieved thereby are really cases of biliary colic.—TURNBULL (*The Lancet*, London).

Neurasthenia, Sexual.—

Quinine muriate.....	40 grains
Iron subcarbonate.....	120 grains
Strychnine sulphate.....	1 grain
Damiana extract.....	40 grains
Cinchona extract.....	40 grains

Make forty capsules: One after each meal.

—*Virginia Medical Semi-Monthly.*

Scabies, Speedy Cure of. — Employ fresh sulphuret of calcium made as follows:

Sulphur	3 drachms
Quicklime	6 drachms
Water	4 ounces

Boil together until combined, then allow to cool and settle; decant and preserve in hermetically sealed bottles.

Rub patient all over with soft soap for half an hour, then place in a tepid water-bath for another half hour; next rub over with the solution and allow it to dry on the skin for a quarter of an hour. Complete by washing in the bath.—HIEMINKX.

Bruises, Olive Oil for.—When of light character, instead of having recourse to applications of arnica, camphor, and strong compression of the swelling, preference should be given to olive oil. Apply freely to the contused parts, with friction, and then cover with a compress saturated with the oil. This treatment gives immediate relief, and thereby the formation of a bloody protuberance is often prevented, while excoriations and superficial wounds heal very rapidly.—AUGER.

Urethral Stricture, Electrolysis in.— Employ an instrument with olive-shaped electrodes. Electrolysis is indicated in cases where treatment with bougies has given no result, and in which internal urethrotomy is inadvisable owing to danger of infection, etc. First employ a current of one to twenty milliampéres for fifteen minutes, and later one to thirty, for three-fourths of an hour, the negative electrode being applied in the urethra.—ROVSING (*Hospitals-Tidende*).

Iceland Moss.—This is nutrient, demulcent, bitter-tonic, and possessed of marked anti-emetic properties. From thirty to fifty minims of the tincture may be administered in a little Seltzer water. It does not appear to have any effect on hysterical vomiting or upon the emesis of pregnancy.—BRICEMARCT (*Annali di Farmacotorapiæ Chimica*).

Cough.—In cases of long continued cough, not of consumption, narcissus often acts brilliantly; it is especially beneficial in lingering bronchitis, whooping or nervous coughs.—*Homœopathic Recorder.*

Anæmia.—In the chronic form, and especially in cases marked by mental depression, opium has proved to be an almost invaluable adjuvant. A formula that has done excellent service is:

Codeine phosphate	10 grains
Pepsin elixir	12 drachms
Fennel water, to make	4 ounces

One teaspoonful three times daily.

—LURIA (*Merck's Archives*).

Hæmorrhages. — Bad hæmorrhages from the bowels, stomach, or lungs, also the worst cases of nose-bleed, can generally be arrested with cranesbill, given in material doses of the tincture in water. Woodward cites a number of cases where it acted beautifully; also hæmorrhages in typhoid or pneumonia.—*Homœopathic Recorder.*

Baldness.—Bathe the scalp with a thirty per cent. solution of lactic acid until local inflammation appears; when this subsides, treatment may be renewed. A new growth of hair is reported to have appeared within four weeks after the first application.—*Medical Gleaner.*

Exophthalmic Goitre. — Use tincture veratrum, at first three drops twice a day, gradually increasing until twelve drops are given, morning and evening. In a case where the treatment was continued for a year, the cure was complete.—HUTCHINS (*Chicago Medical Times*).

Eclampsias.—Veratrine is the only drug approaching a specific in eclampsia, and should be used hypodermatically, every half-hour, while the pulse is bounding. Give enough to keep the pulse between seventy and eighty. — *Medical Council.*

Sprains, Liniment for.—

Turpentine oil	1 ounce
Acetic acid	1 ounce
Lavender oil	30 minims
Albumen (white of egg)	q. s.
Water to make	8 ounces

Apply two or three times daily.

—*Illustrated Medical Journal.*

Adynamic Fevers.—Strychnine will enable one to make use, and good use, of veratrum and aconite.—*Medical Times* (New York).

Ethyl Bromide.—This is a safe and convenient anæsthetic to employ with children for the removal of adenoids and tonsils. The effect lasts from one to three minutes, and is without unpleasant after-results. Hæmorrhage is less than when ether is used, and there is less danger than with chloroform. Note that the anæsthetic should always be had in hermetically sealed tubes, and that it is not safe to employ on a second occasion after it has once been opened to the air. The cone should not be removed from the face, once the anæsthetic is started; and the time necessary to secure unconsciousness is only about sixty seconds. If it is necessary to prolong the anæsthesia beyond five minutes, ether should have the preference.—SNOW (*Buffalo Medical Journal*).

Bronchitis, Saw Palmetto in.—This remedy proves unfailing, and I prescribe it with the assurance that the result will be most flattering, especially in weak, emaciated cases suffering from a harassing cough with profuse mucous secretion. I prescribe a teaspoonful every four hours, in water.

The old negroes have been using saw palmetto for years in coughs, colds, etc. One old darky informed me he would not give it for any doctor's medicine he ever saw. Their method of preparing it is to boil the berries down in syrup.—ELDRIDGE (*Eclectic Medical Journal*).

Salol in Typhoid.—Experience teaches that salol in typhoid or, indeed, in any other form of continued fever, is a most dangerous drug. It is very depressing, and if the heart's action is not already weak, the employment of this medicament will speedily demonstrate that a cardiac stimulant is imperatively demanded.—BLOYER.

Pruritus, Senile.—Try persistent brushing with a soft brush, to remove the unhealthy epithelium, but use no water; improvement does not occur for some time. Follow with lanoline inunctions.—JAENICKE.

Rhinitis.—A very weak solution of nitric acid, topically applied is often very effective in the management of this malady.—*Medical Summary.*

Sodium Ethylate.—This is a reliable remedy for the removable of nævi, tattoo-marks, nasal polypi, and most effective in ulcerative ozænas. In lupus it is disappointing: But is very effective in hypertrophy of the thyroid if injected every third or fourth day,—six injections will usually reduce the gland to one-third its size. For this latter purpose I employ equal parts of the ethylate and alcohol. Never use chloroform, as the mixture is dangerously explosive.—BENJAMIN WARD RICHARDSON (*The Asclepiad*).

Alboferrin.—What purports to be an entirely new iron-albumen compound was recently introduced by Fritz and Sachse, of Vienna, under the name "alboferrin." It is described as a light-brown, almost tasteless and odorless powder, readily soluble in water, and containing 0.68 per cent. of metallic iron. It is of course exalted as a hæmatinic.—*Pharmaceutische Zeitung.*

Varicose Veins.—It is claimed that most varicosities can be readily relieved by means of Faradic electricity, repeated daily for five or six weeks; that if persisted in with regularity a cure frequently results.—*Exchange.*

Aconite Poisoning.—Give twenty drops of laudanum, repeating the dose after a few minutes; also ammonia spirit by inhalation, the patient being kept, meantime, in the recumbent position. This treatment which is very effective, is not laid down in the text-books.—HARLAN.

Abrasions and Excoriations.—Tincture of benzoin is a very useful application; it is both soothing and antiseptic. Internally it is an important addition to cough mixtures in chronic bronchial catarrh.—*The Clinique* (St. Louis).

Obstinate Constipation.—

Physostigma extract	1 grain
Nux vomica extract	1 grain
Belladonna extract	1 grain
Aloes extract	8 grains

Make four pills and take one three times daily.

—BARTHOLOW.

Seminal Emissions. — Ten to thirty drops of fluid extract cimicifuga, after meals, rerely fails to cure.—TAYLOR.

Adherent Dressings.—Employ hydrogen dioxide for separating adherent dressings. The dried blood and serum are thereby softened and dissolved, and the oxygen formed separates the dressing from the skin. —CHANAZ (*Lyon Médical*).

Dysmenorrhœa.—Pichi, which hitherto has been known only as a diuretic and anti-lithic, is now claimed to also be very effective in this malady. It is suggested to combine it with black-haw and some one of the bromides.—*Montreal Medical Journal.*

Neuritis.—The painful nerve may with advantage be painted every hour with:

Cocaine	20 grains
Menthol	60 grains
Belladonna extract	180 grains
Ether	2 ounces

—*The Practitioner.*

Teething.—In teething, where the gums are red and swollen and the infant feverish and fretful, an application of five or six per cent solution of cocaine every two or three hours will invariably afford relief.—*Medical Summary.*

Atropine Liniment.—

Atropine	1 grain
Oleic acid	15 grains
Castor oil	15 grains
Lavender oil	1 grain
Alcohol (90%) to make	100 grains

—MARTINDALE and WESCOTT.

Chilblain.—

Chloroform spirit	2 drachms
Belladonna liniment	4 drachms
Comp. Benzoin, tinct.	2 drachms
Soap liniment	3 ounces

Saturate a piece of sheet lint and apply.

—*Journal American Medical Association.*

Expectorant Mixture.—

Oil Tar	1 drachm
Horehound, ext. fluid	2 drachms
Oil Anise	2 minims
Rum, Jamaica	4 ounces
Honey, to make	8 ounces

From one-half to one teaspoonful.

—*Pacific Medical Journal.*

Goitre.—Bladder wrack is one of the best known remedies.—New, Old and Forgotten Remedies.

Iritis.—Give bryonia in alternation with eyebright, and pronounced effect will be secured. There are thousands and thousands of physicians who never gave a dose of either of these remedies.—COOPER (*Medical Gleaner*).

Irritable Bladder.—

Salol	120 grains
Henbane, tincture	120 minims
Buchu infusion, to make	6 ounces

A tablespoonful three times a day.

—FOTHERGILL.

Ringworm.—

Salicylic acid	10 grains
Vaseline	1 drachm

Mix and apply twice daily.

Sometimes a little stronger ointment is necessary.

—*Canada Medical Record.*

Painless Blister.—

Menthol	20 grains
Chloral hydrate	20 grains
Cacao Butter	30 grains
Spermaceti	60 grains

—*Medical Record.*

Muco-Membranous Colitis.—

Bismuth salicylate	150 grains
Bismuth subnitrate	150 grains
Quince Mucilage	1 pint

Employ as rectal injection.

—*Russki Vratch.*

A Tænicide.—

Male-fern, ethereal ext.	2 drachms
Calomel	6 grains
Peppermint water	160 grains
Gum Arabic	75 grains
Syrup	5 drachms
Distilled water, to make	2 ounces

Give at one dose.

—DESCROIZELLES (*La Médecine Moderne*).

Ozæna.—

Creosote	64 grains
Alcohol—70 per cent.	150 minims
Glycerin	600 minims

Apply locally.

—FERRARI.

Depressed Vitality.—Strychnine, digitalin and glonoin, form a triple alliance with which to face death most effectively. —*Oklahoma Medical Journal.*

Progress.

Handy Hints.—

Remember that the little finger can be used in taking a delicate pulse when it would be impossible to readily recognize it otherwise:

Convulsions frequently may be cut short by turning the patient on the left side; the nausea as an after effect of chloroform or ether narcosis may be generally controlled in the same manner:

Vomiting after the administration of chloroform may frequently be prevented by replacing the inhaler with linen cloth steeped in vinegar, and allowing it to remain over the face for some time:

When chilly from exposure, breathe very deeply and rapidly, and the increase in bodily warmth will be surprising:

People who have weak hearts should always have their principal meal in the middle of the day, and with as little water as possible:

Many a woman's ruin is due to the old idea that she can safely leave her bed on the tenth day after confinement:

Crude petroleum, poured upon a burned surface, and covered loosely with cotton, will subdue the pain almost at once:

Black pins in surgical dressings are preferable, because they will not rust, and can be more readily seen when they are to be removed:

Strong spirits of ammonia applied to snake bites or the wounds of rabid animals, is better than any caustic; it neutralizes the virus:

In *post partum* hæmorrhage, try tying a piece of strong webbing tightly above the knees of the patient.—*Modern Medicine.*

A Remarkable Escape.—

In some manner the clothing of an engineer at the Olympic Iron Works, of Tacoma, Washington, was caught in the revolving shaft of the engine and his body instantly drawn in and whirled around with the machinery. After a short time (variously estimated at from one to five minutes), the engine was stopped and the apparently lifeless body taken down, practically denuded of clothes and bleeding from many wounds on the face and on other parts of the body. Almost immediately, however, signs of recovery were shown, and before an ambulance arrived the man was able to sit up and even to walk, with assistance. The remarkable feature of the accident lies in the fact that the man was whirled around with sufficient speed and force for his feet and legs to strike the floor and split one-inch boards, without breaking any bones or even badly straining or bruising them. As the shaft was revolving over 100 revolutions per minute, and the distance from floor to shaft is about three feet, his feet were traversing the circumference of a circle six feet in diameter at a velocity of approximately 2,000 feet per minute. We are all familiar with the phenomenon of shooting a candle through a board without damage to the candle, but that a human being can be caught by the shoulders and made to split kindlings with his heels, without damage to the aforesaid heels, seems well nigh incredible.—*Engineering News.*

Neurotic Diathesis.—

Experiments in the pathological laboratory prove that in certain forms of nervous diseases the platelets of the blood undergo an abnormal multiplication, and that these morbid products have a very pernicious influence upon the nerve elements, thereby favoring the production of neurotic disorders. When the products of such blood deterioration are transmitted from parent to offspring there is an inherited neurotic diathesis the elements of which may or may not, remain latent; the predisposition is there. Every exciting factor, as imperfect growth, bad nutrition, incorrect habit, prolonged emotion, or over-study, may develop the manifestations of more or less serious nerve disease.—*Public Health Journal.*

Phthisis, Early Diagnosis of.—

Twenty cubic-centimetres of normal salt solution, injected into an individual in whom pulmonary tuberculosis is suspected, will cause marked febrile reaction in the nine hours succeeding the injection. This is true even if there is no rise of temperature at the beginning of invasion, or after the process has developed. On the contrary, the non-tubercular individual will show no fever at all after injection. Should the reaction occur, the diagnosis of tuberculosis may be made with almost absolute certainty; if no fever occur, tuberculosis may nevertheless exist.—FINCK (*Revue Médicale de l'Est*).

Gasoline as a Sterilizer.—

Goldis, of Toronto, states that unsterilized skin from a scraped area two inches square yielded 173 colonies of germs. After soap and water scrubbing for five minutes, the same area yielded only twenty colonies, and after two minutes scrubbing with gasoline, only sixteen colonies. The latter poured over the skin without rubbing yielded eighty-four colonies, and after repeated scrubbing but seven were obtainable.

Examination of the skin under the microscope, after cleansing with soap and water, and again after the same process had been performed with gasoline, showed that the latter cleaned, much more perfectly, all the hair follicles, the sebaceous glands, and the sweat-ducts. This would seem to show that gasoline is an effective rival of alcohol in disinfection of the hands. Both dissolve the fatty matters which serve as a culture-fields for germs, but gasoline is much cheaper and has the additional advantage of being readily obtained at any country store. A good scrubbing with this agent, followed by thorough laving and scrubbing with soap and water, will render the physician's hand sufficiently aseptic for any surgical or obstetrical operation.—*Public Health Journal.*

Spinal Anæsthesia.—

Lumbar puncture is recognized as a valuable means of diagnosis and treatment in cerebro-spinal diseases of children. That the method has proved comparatively harmless in the hands of those versed in its use does not at all prove the harmlessness of the Corning method in children. The fact that consciousness is not interfered with renders it inapplicable in many cases. It is indeed a valuable adjunct to our methods of producing anæsthesia and should be regarded only as such. Experimentation upon patients in which general anæsthesia is not distinctly contra-indicated seems unjustifiable. Many have for a long time hesitated to use cocaine in operations upon children when injected subcutaneously; how much greater must be the danger when this substance is brought into close relation with the nervous centers?—*Pædiatrics.*

Vertigo a Stomach Lesion.—

In regard to the mechanism of *vertigo e stomacho*, I personally opine that this symptom is brought about by either or all of three causes: Reflexedly through direct irritation of the gastric branches of the pneumogastric and thence by the lower cervical ganglion to the vasomotor nerves of the vertebral artery, which supplies the internal ear: By toxæmia from ptomaines, nicotine, alcohol, re-absorption of bile or the toxines of the infectious diseases, etc: By direct pressure upon the heart through distension of the stomach and intestines by gases, resulting principally from so-called amylaceous indigestion and hyperchylis.

Treatment demands, first of all, the correction of the gastro-intestinal disorder; this may in most instances be accomplished by administering a glass or two of hot-water thirty minutes before meals, with a small portion of sodium bicarbonate before breakfast, and from three to four grains of diastase with each meal, preferably in combination with strychnine. The patient should also be instructed as to the importance of selecting an appropriate diet and thorough mastication.—THELBERG.

Intestinal Calculi of Salol.—

A woman with gastro-intestinal disturbances took sixty to seventy-five grains of salol daily, in seven-grain doses, for ten days, when she developed symptoms of complete intestinal occlusion which resisted the most energetic treatment, (including electricity) for thirty-six hours. When an evacuation was secured, a dozen calculi were brought away, all formed of salol—which had been taken in the form of a powder, and, evidently, had been dissolved in the intestines and recrystallized. The largest concretion weighed thirty grains; the total mass sixty grains. This shows the possibility of intestinal lithiasis of therapeutic origin, and also adds another to the already numerous inconveniences of intestinal antisepsis.—*Bulletin de l'Académie de Médecine.*

Puerperal Convulsions.—

Even when the spasms are apparently under control, their return may be confidently expected if the pupil remains contracted.—QUACKENBUSH.

Blood, Influences of Fæces On.—

Aqueous extracts of fæces injected in small doses into animals will provoke pernicious anæmia; alcoholic extracts under the same conditions produce a mild anæmia; ethereal solutions induce an anæmia only less severe than that caused by aqueous extracts, but, in addition, there will be hæmorrhages in various organs; Extracts prepared with all three menstrua produce pernicious anæmia and hæmorrhages.

The clinical deduction is, that in man a certain number of idiopathic anæmias depend upon auto-intoxication as the result of absorption of products of decomposition from the intestine. Normally these products go to the liver after having been absorbed by the portal vein, and are modified and rendered harmless; but if an excess is absorbed, as in constipation, the liver can not take care thereof and they reach the blood in an unchanged state.—Borodouline (*Archives of Pathology, Clinical Medicine and Bacteriology,* Moscow).

Cæsarean Section at Thirteen Years.—

The pelvic measurements were: Interspinous, 19.5; intercristal, 24; external conjugate of Baudelocque, 16; diagonal conjugate, 11; vertical height of symphysis, 4.5; conjugata vera of brim, 9.2 centimetres. The vagina was so small that the introduction of two fingers caused pain. She was found flowing profusely; the amniotic fluid had escaped; the umbilical cord was prolapsed into the vagina; the os dilated to the size of a dollar and filled with blood clots. The hæmorrhage being alarming, the vagina was packed and Cæsarean section performed. The fœtus lay transversely and the placenta was attached posteriorly, one-fourth being in the lower segment.

The fœtus was well developed and had entered upon the ninth month. Recovery without incident.—*American Journal of Obstetrics.*

Hasty Burials.—

A woman living in Brussels informed the registrar of the death of her child. The latter found the face death-like, body stiff, heart still; he raised one of the child's arms when, instead of falling it remained in the position placed. Restoratives were immediately resorted to, with the result, in a few hours, life and consciousness returned.

Without enlarging on the evidences of death, it may be said that an ophthalmoscopic examination is an excellent means of diagnosis. During the last agony it is easy to identify the differences that are produced in the blood-vessels of the pupil, especially the general anæmia of the arteries and the pallor of the optic papillæ; when life ceases, the veins become separated as if cut with a knife from point to point.—*Medical Investigator.*

Dengué in Europe.—

Numerous cases of dengué have appeared in European Turkey. In July a gastro-neuro-exanthemic fever showed itself in the water-side district of Constantinople, soon spread to Pera and Stamboul, and thence to the villages, to the consternation of the people and disquiet of physicians who failed to recognize it. A sanitary officer from Smyrna at once named it dengué—well known in Egypt under the name of *Ebul-Richiaal,*—and stated that in his own city some 30,000 persons had recently suffered therefrom. Two supposed cases of the disease appeared in Lisbon, but after careful examination it was concluded they were, after all, only examples of measles attacking adults — as they commonly do, — with great severity.—*A Medicina Contemporanea* (Lisbon).

Eye, Enucleation of.—

Pass a curved needle with a strong double thread well into the scleral tissues to give a stout hold on the eyeball. The conjunctiva being snipped vertically over the insertion of the internal rectus, the lower blade of a half-curved pair of scissors is passed under the tendon, raising it into view. Incise the tendon, capsulobulbar fascia, trabeculæ, sub-conjunctival connective tissue, and conjunctiva, at one time, not quite to the end of the scissors. Advance the lower blade under the superior rectus, and make a similar cut, severing the superior oblique and tissues over it. The lower blade of the scissors (that have never been removed from the capsular space) may now be carefully shifted downward, turned, and inserted under the inferior rectus, which, with the

inferior oblique, is similarly divided. The bulb can then be rotated outward, and with one cut for the nerve and one for the external rectus and tissues over it, the operation is completed, and is both rapid and effective. — MITCHELL (*Mississippi Medical Record*).

Eustachian Tube, Catheterization of.—

When the letter "e" is pronounced the soft palate raises itself and the Eustachian cushion approaches the median line, which suggests the following method: A mark is made on the curve of the catheter seven centimétres from its tip. The instrument is then passed in the usual manner until the mark is opposite the entrance of the nose,—this distance of seven centimétres being the average distance between the anterior and posterior nares. The patient then phonates "e" (English) in a continuous tone, at which moment the catheter is rotated externally. This maneuver will positively engage the tip of the catheter in the pharyngeal orifice of the tube.—OSTINO (*Archivo Italiano di Otologia*).

Sterilizing Ophthalmic Instruments.—

Ten minutes immersion in a one to one-thousand formaldehyde solution is ample, though pure formaldehyde gas is better. The instruments are first washed and dried; then placed in a box, in the bottom of which is a dish of the sterilizing fluid; a small piece of calcium chloride is then inserted and a close fitting cover adjusted. In ten minutes the instruments are sterile, though no harm is done by leaving them in the gas for an hour.—DE SCHWEINETZ.

Nursing Women and Drugs.—

The following should not be given: Opium, morphine, atropine, hyoscyamus, colchicum, arsenic, cocaine, chloral, the salts of lead (which are precipitated by milk), digitalis, ergot, and antipyrin, in those cases in which they induce untoward effects. Quinine ought always to be given after a meal. Cocaine and camphor decrease the secretion of milk, and iron, enonymus and eupatorium augment it.—MARFAN (*Journal de Médecine de Paris*).

Worms and Fevers.—

Intestinal worms, particularly ascarides, if placed in water at 45° to 68° Farh., become stiff, curved, or coiled up, and insensitive to external stimuli. If then the temperature be elevated to 98.6°, they begin to present slight movements, and if it be increased to 102°, 104° or 106°, they become lively and energetic so that their motions seem to be rather a discharge of energy. These movements. though chiefly due to the high temperature, might also be aided by certain morbid processes, as typhoid fever, etc. This increased activity may cause them to traverse intestinal ulcers or to pass into abscesses, and thence be evacuated. A worm will not penetrate a normal intestinal wall, but if an opening present, it will pass through.—DEMATEIS (*Gazetta Medica di Torino*).

Peculiar Monstrosity.—

There was recently exhibited, at the Health Department, the body of a white child, normal from the waist up, but having instead of legs, a single appendage terminating in a four-toed foot; it was dead when born. The monstrosity is a source of much interest to physicians, who declare it the most remarkable ever seen at the Department, resembling, as it does, in general appearance, the mermaid of fable.—*Baltimore Sun.*

Duration of Vaccine Immunity.—

Immunity from vaccination lasts a much shorter length of time than is generally supposed. Statistics show a proportion of 7.35 per cent. out of twenty-three children under six years of age in whom re-vaccination was successfully performed. More frequent re-vaccination is to be recommended in childhood, especially as children are also protected from other infectious diseases thereby.—*Journal de Thérapeutique des Maladies l'Enfance.*

Chubbiness.—

When a child retains this condition (especially of the face), at an age when other children have lost it, it is an indication of lack of development, and should arouse apprehension. Such should not be forced in school or work, but be kept in the country, and every possible means taken to favor physical development.—AZOUAY.

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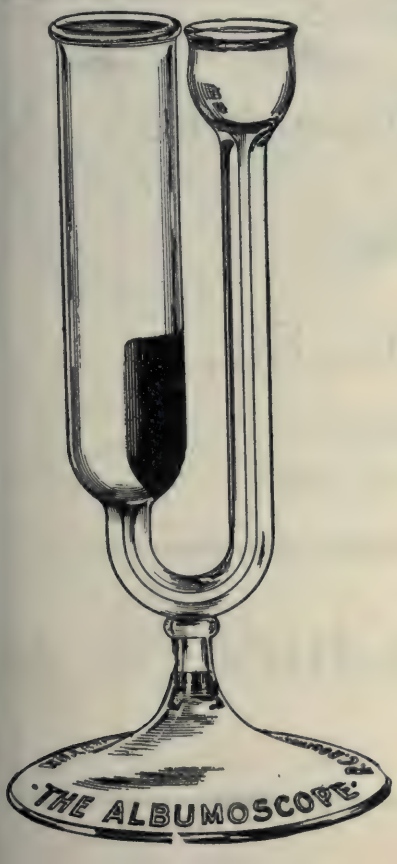

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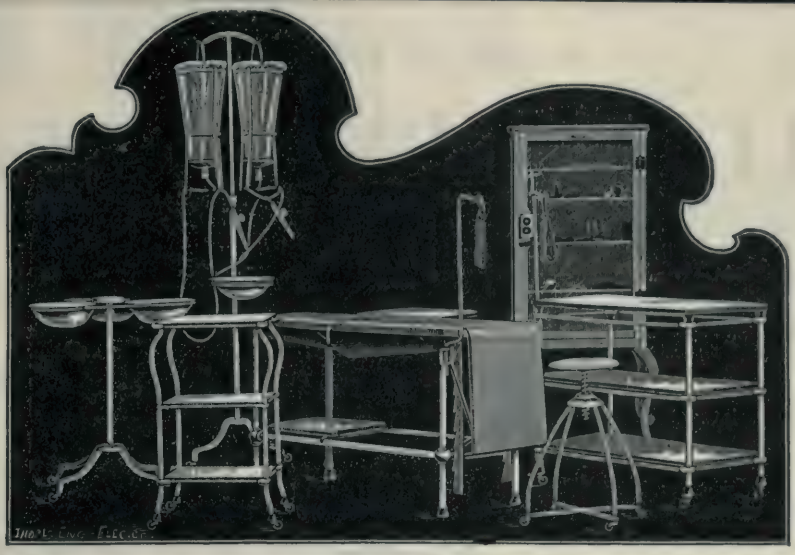

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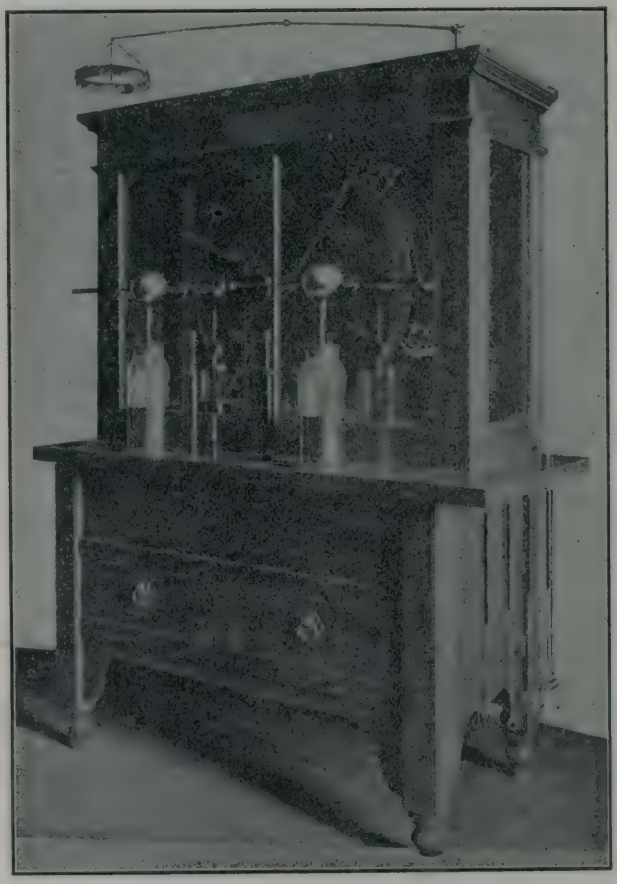

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Special attention paid to Mail Orders.
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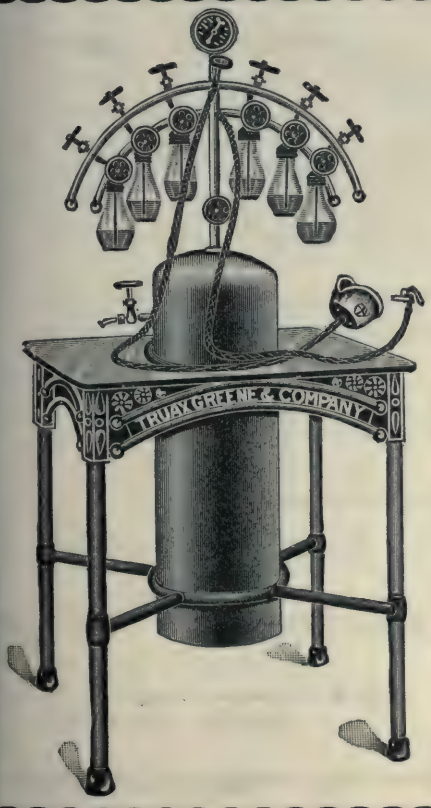

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A PERFECT INSTRUMENT CONSTRUCTED ON NEW PRINCIPLES SECURES THE BEST RESULTS

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Being of glass, with detachable rubber bulb, these syringes can be readily and thoroughly cleansed and disinfected: May be boiled if desired.

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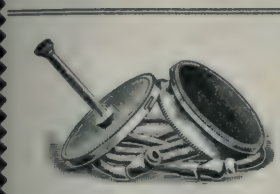

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One end of the wire is anchored at "A" and the other wire fastened at "B." whereby the tonsil is made to rotate, inducing torsion of the vessels and practically no hæmorrhage.

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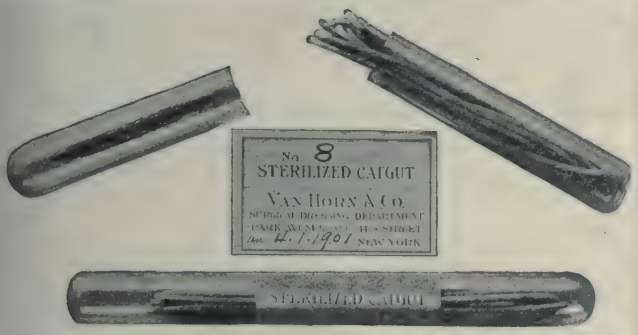

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The price is 25cts. per tube, or $2.00 per dozen, of any desired assortment.

Mailed to any address upon receipt of price.

Our Sterilized Catgut and Kangaroo-Tendon are absolutely aseptic. This is assured by direct test of the bacteriological laboratory, and the strict adherence to bacteriological principles which prevail in our sterilizing laboratory.

Kangaroo-Tendon and Catgut, plain and chromicized, in these glass tubes will always remain aseptic, and they are always ready for use.

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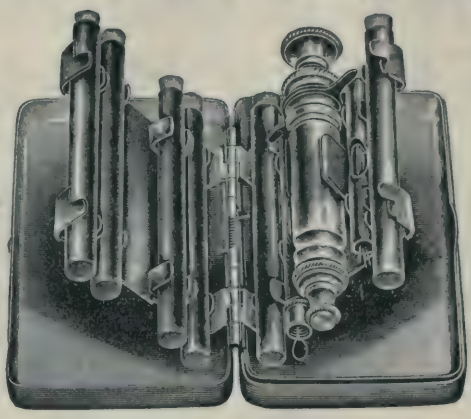
It is CONVENIENT, COMPACT, SUBSTANTIAL, ASEPTIC.



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Washerless Needle-Tip with Standard Thread.
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Universal Needle Fits with Washer.

ASEPTIC NEEDLE
Fits without Washer.

Expandable German Silver Plunger may be adjusted to take up wear. It is ASEPTIC.

PRICE IN CASE, COMPLETE WITH POUCH, $2.25.

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TWO SIZES

5 C. C.

AND

10 C. C.

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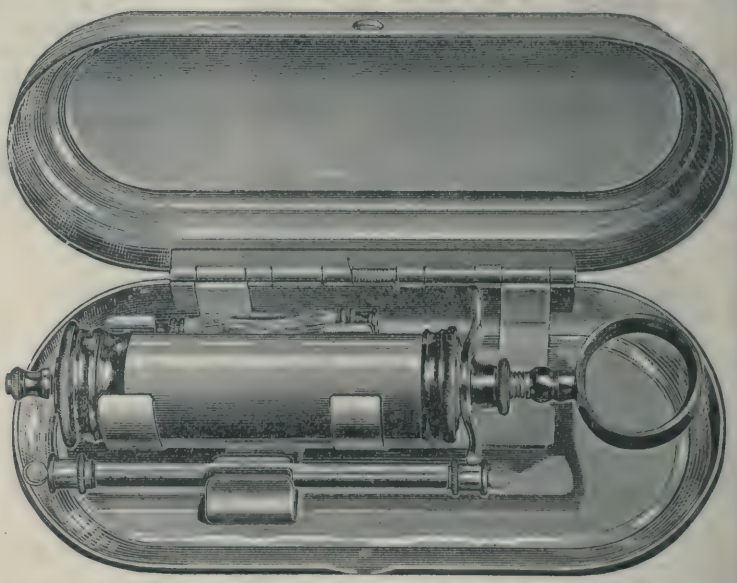

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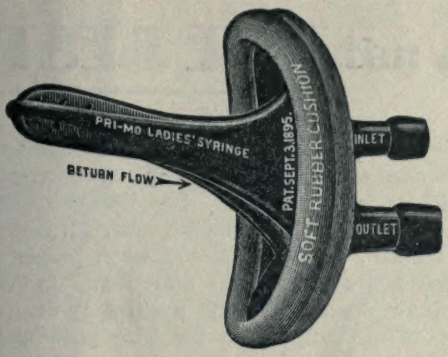

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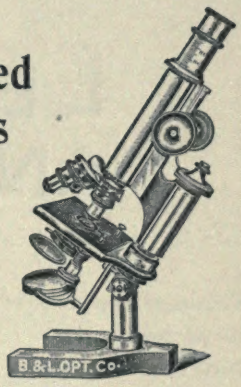

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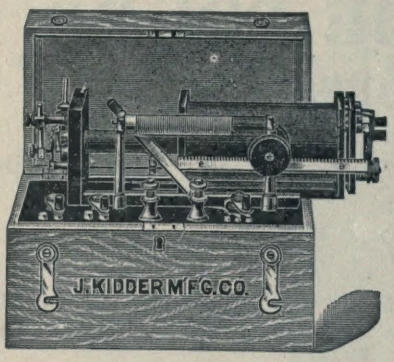

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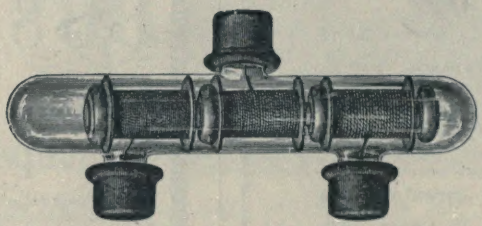

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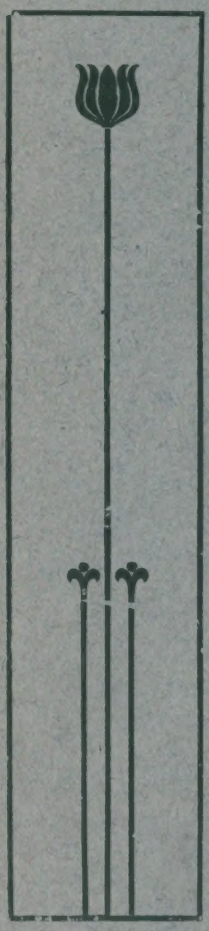

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